#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,401 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

MARIN COUNTY	SUMMARY OF SERV	VICES FOR CASH GRANT -	AGED	AID CODE			
						NTHLY AVERA	
9,256 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6 , 709	156 , 547 \$	4,067,844.58	\$ 25.98	16.913		
@PHYSICIANS SERVICES	1 , 293	3 , 685 \$	63 , 879.72	\$ 17.34	.398		\$ 6.90
OUTPATIENT VISITS	59	85	3,470.38	40.83	.009	58.82	.37
OFFICE VISITS	43	49	1,700.07	34.70	.005	39.54	.18
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	16	34	1,685.19	49.56	.004	105.32	.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	85.12	42.56	.000	42.56	.01
INPATIENT VISITS	9	11	549.80	49.98	.001	61.09	.06
HOSPITAL VISITS	3	3	191.10	63.70	.000	63.70	.02
CRITICAL CARE	1	1	121.60	121.60	.000	121.60	.01
SNF/ICF/TRANS IP CARE	6	7	237.10	33.87	.001	39.52	.03
OPHTHALMOLOGICAL SERVICES	10	11	471.86	42.90	.001	47.19	.05
	10	11	471.86	42.90	.001	47.19	.05
EXAMINATIONS	0	0					
SERVICES AND MATERIALS	•	· ·	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	271.41	271.41	.000	271.41	.03
PRINCIPAL SURGEON	1	1	271.41	271.41	.000	271.41	.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	7	7	779.89	111.41	.001	111.41	.08
PRINCIPAL SURGEON	7	7	779.89	111.41	.001	111.41	.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	18	79.58	4.42	.002	19.90	.01
RADIOLOGY	21	31	560.15	18.07	.003	26.67	.06
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1,224	3,521	57,696.65	16.39	.380	47.14	6.23
@PHARMACY	5,629	100,094 \$	1,769,976.63	\$ 17.68	10.814	\$ 314.44	\$ 191.22
PRESCRIPTION DRUGS	5,543	20,242	1,719,925.47	84.97	2.187	310.29	185.82
SNF/ICF	323	2,128	158,291.33	74.39	.230	490.07	17.10
OUTPATIENTS	5,270	18,114	1,561,634.14	86.21	1.957	296.33	168.72
MEDICAL SUPPLIES	503	79,852	50,051.16	.63	8.627	99.51	5.41
@DENTIST	505	1,681 \$	66,365.26	\$ 39.48	.182		
VISITS - DIAGNOSTIC	331	1,056	13,610.73	12.89	.114	41.12	1.47
ORAL SURGERY	54	116	5,475.98	47.21	.013	101.41	.59
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	26	27	2,647.36	98.05	.003	101.82	.29
ENDODONTICS	16	17	3,312.13				
	114	215	14,381.06	194.83 66.89	.002 .023	207.01 126.15	.36 1.55
RESTORATIVE DENTISTRY	9	9					
PROSTHETICS	91		200.00	22.22	.001	22.22	.02
DENTURES, STAYPLATES		235	26,738.00	113.78	.025	293.82	2.89
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	11	6	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024

MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

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SUMMARY OF SE	ERVICES FOR CASH	GRANT - AGED	AID CODE 10	

PAGE 6,402

03/14/05

							M			GΕ	
9,256 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	76	207	\$	4,666.70	\$	22.54	.022		61.40	Ś	.50
DIAGNOSTIC AND ANC. PROCED	23	25	7	904.94	7	36.20	.003	7	39.35	т	.10
EYE APPLIANCES	53	174		3,117.02		17.91	.019		58.81		.34
OTHER OPTOMETRIC SERVICES	13	8		644.74		80.59	.001		49.60		.07
	2	3	\$	32.70	\$	10.90	.000	ċ	16.35	ċ	.00
@CHIROPRACTOR	0		ې		Ş			Ą		Ş	
VISITS	•	0		.00		.00	.000		.00		.00
OTHER SERVICES	2	3		32.70		10.90	.000		16.35		.00
@PODIATRIST	92	123	\$	904.00	\$	7.35	.013	Ş	9.83	Ş	.10
MEDICINE/INJECTIONS	5	5		163.50		32.70	.001		32.70		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	87	118		740.50		6.28	.013		8.51		.08
@HOME HEALTH AGENCY	7	55	\$	3,784.76	\$	68.81	.006	\$	540.68	\$.41
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	4	12	Ś		\$	8.10	.001			\$.01
@TOTAL HOSPITAL	724	3,392	Ś	544,407.10		160.50	.366		751.94		58.82
HOSP INPATIENT TOTAL	92	319	7	464,570.79	7	1456.33	.034	7	5049.68	т	50.19
HSC HOSPITALS	48	283		372,395.58		1315.89	.031		7758.24		40.23
NON-HSC HOSPITAL TOTAL	8	36		61,600.17		1711.12	.004		7700.02		6.66
	8	36		15,833.51		439.82	.004		1979.19		1.71
ACCOMMODATIONS	1	4		751.17		187.79			751.17		.08
ADMINISTRATIVE DAYS	0	0					.000				
TRANSITIONAL IP CARE	8	-		.00		.00	.000		.00		.00
ALL OTHER ACCOM	-	32		15,082.34		471.32	.003		1885.29		1.63
ANCILLARIES	8	0		45,766.66		.00	.000		5720.83		4.94
INPATIENT CROSSOVERS	39	0		30,575.04		.00	.000		783.98		3.30
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	651	3 , 073		79 , 836.31		25.98	.332		122.64		8.63
MEDICAL	16	27		1,003.79		37.18	.003		62.74		.11
SURGERY	3	3		74.35		24.78	.000		24.78		.01
PATHOLOGY	15	46		741.78		16.13	.005		49.45		.08
RADIOLOGY	16	25		1,678.42		67.14	.003		104.90		.18
ROOM USE	26	47		1,575.78		33.53	.005		60.61		.17
CROSSOVERS/ALL OTH OUTPINT	614	2,925		74,762.19		25.56	.316		121.76		8.08
@COUNTY HOSPITAL TOTAL	1	5	\$	201.98	\$	40.40	.001	\$	201.98	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	Ö	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0				.00					
ALL OTHER INPATIENT	U			.00			.000		.00		.00
CO HOSP OUTPATIENT TOTAL	Ţ	5		201.98		40.40	.001		201.98		.02
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

0 0 RADIOLOGY .00 .00 .000 .00 .00 .00 0 0 .00 ROOM USE .000 .00 .00 5 CROSSOVERS/ALL OTH OUTPTNT 1 201.98 40.40 .001 201.98 .02 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,403 #CALIF DEPT OF HEALTH SERV

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY	CIIMMADV OF CEDI	ICES FOR CASH GRANT	- ACED	AID CODE	1 0		03/11/0	9
MARIN COUNTI	SUMMARI OF SERV	ICES FOR CASH GRANT	- AGED	AID CODE	MONT	אלים אלים אלים אל	יחי	
9,256 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER	
9,230 ELIGIBLES	OSEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	722	3,387 \$	544,205.12	\$ 160.67		752.70		
COMM HOCD INDICATE TOTAL	723	3,307 3 319		ې ١٥٥٠٥ <i>١</i>	.034	5049.68	50.19	
COMM HOSP INPATIENT TOTAL	92		464,570.79	1430.33				
HSC HOSPITALS	48	283	372,395.58	1315.89	.031	7758.24	40.23	
NON-HSC HOSPITALS TOTAL	8	36	61,600.17	1711.12	.004	7700.02	6.66	
ACCOMMODATIONS	8	36	15,833.51	439.82	.004	1979.19	1.71	
ADMINISTRATIVE DAYS	1	4	751.17	1456.33 1315.89 1711.12 439.82 187.79	.000	751.17	.08	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	8	32	15,082.34 45,766.66	471.32	.003	1885.29	1.63	
ANCILLARIES	8	0	45,766.66		.000	5720.83	4.94	
INPATIENT CROSSOVERS	39	0	30,575.04	.00	.000	783.98	3.30	
ALL OTHER INPATIENT	0	283 36 4 0 32 0 0 0 0	.00 79,634.33	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	650	3,068	79,634.33	25.96	.331	122.51	8.60	
MEDICAL	16	27	1,003.79	37.18	.003	62.74	.11	
SURGERY		3	74.35	24.78	.000	24.78	.01	
PATHOLOGY	15	46	741.78	16.13	.005	49.45	.08	
RADIOLOGY	16	25	1,678.42	67.14	.003	104.90	.18	
ROOM USE	26	46 25 47 2,920	1,575.78	33.53	.005	60.61	.17	
CROSSOVERS/ALL OTH OUTPINT	613	2,920	74,560.21	25.53	.315	121.63	8.06	
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0 0 0 0 262	7,356 \$	1,212,885.74	\$ 164.88		4629.33		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	. 0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	1 2	0 0 366 0 6,990	202,335.57	552.83		16861.30	21.86	
LEV B-TRANSITIONAL IP CARE	12 0 255 0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	255	6 990	1,010,550.17	144.57	.755	3962.94	109.18	
@INTERMEDIATE CARE FACILDD	233	0,330 0 \$.00	\$.00	.000 \$.00		
	0	0	.00	.00	.000	.00	.00	
ICF DDI	0	0	.00	.00	.000	.00	.00	
ICE DDM/DDCM	0	0	.00	.00	.000	.00	.00	
AUEMODIALVETE MOMAI	51	64 \$	31,194.78	\$ 487.42	.007 \$	611.66		
HOCDITAL BACED	21	0	.00	.00	.000	.00	.00	
HEMODIALYCIC CEMBED	E 1		31,194.78	487.42	.007	611.66	3.37	
REMODIALISIS CENTER	21	0 \$.00	\$.00	.000 \$.00		
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED	51 0 0 0 56 20 36 651	0 7	.00		.000 \$.00	.00	
HOSPITAL BASED	0	0		.00	.000			
INDEPENDENT FACILITY	0	106 6	.00			.00	.00	
@LABORATORY FACILITY	56	196 \$	1,868.87	\$ 9.54	.021 \$	33.37		
PATHOLOGY	20	99	713.34	7.21	.011	35.67	.08	
XO AND OTHERS	36	97	1,155.53	11.91	.010	32.10	.12	
			35,794.28	•	.090 \$	54.98	•	
CLINIC	4	5	145.93	29.19	.001	36.48	.02	
SURGICENTER	26	27	4,439.55	164.43	.003	170.75	.48	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	624	799	31,208.80	39.06	.086	50.01	3.37	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	∠∪U4 THRU DEC	2004	PAGE 6,40	4

MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 03/14/05

MAKIN COUNTI	SOUMANT OF SELV	VICES FOR CASH GRANT	AGED	AID CODE	10		
					MOI	NTHLY AVERA	GE
9,256 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,086	38,848 \$	331,986.85	\$ 8.55	4.197	\$ 305.70	\$ 35.87
DURABLE MED. EQUIP.	23	37	5,123.83	138.48	.004	222.78	.55
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	58	77	9,638.64	125.18	.008	166.18	1.04
MEDICAL TRANSPORTATION	32	276	2,348.14	8.51	.030	73.38	.25
AMBULANCES/AIR TRANS	14	149	1,692.36	11.36	.016	120.88	.18
OTHER TRANS	7	38	259.48	6.83	.004	37.07	.03
OTHER SERVICES	11	89	396.30	4.45	.010	36.03	.04
ACUPUNCTURE	33	130	2,265.36	17.43	.014	68.65	.24
ADULT DAY HEALTH CARE CTR	134	2,172	149,144.09	68.67	.235	1113.02	16.11
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	323	1,609	98,938.39	61.49	.174	306.31	10.69
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	166	612	8,038.86	13.14	.066	48.43	.87
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	12	19	173.46	9.13	.002	14.46	.02
PROSTHETIST/ORTHOTISTS	4	5	229.74	45.95	.001	57.44	.02
PROSTHETICS	4	5	229.74	45.95	.001	57.44	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	9	61.17	6.80	.001	61.17	.01
SPEECH AND AUDIOLOGY	13	22	3,467.96	157.63	.002	266.77	.37
HOSPICE SERVICES	10	243	34,124.17	140.43	.026	3412.42	3.69
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	461	33 , 637	18,433.04	.55	3.634	39.98	1.99
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000		
@XOVER EXCLUDING STATE HOSP**	2,060	12,243 \$	265,520.27	\$ 21.69	1.323	128.89	\$ 28.69

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,405 FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 03/14/05 MOP024 MARIN COUNTY

						MON	THLY AVERA	GE
848 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	649	35 , 626	\$	584,852.96	\$ 16.42	42.012 \$	901.16	\$ 689.69
@PHYSICIANS SERVICES	123	353	\$	7,069.34	\$ 20.03	.416 \$	57.47	\$ 8.34
OUTPATIENT VISITS	32	39		1,533.03	39.31	.046	47.91	1.81
OFFICE VISITS	21	24		771.29	32.14	.028	36.73	.91
HOME VISITS	4	5		161.50	32.30	.006	40.38	.19
EMERGENCY ROOM	10	10		600.24	60.02	.012	60.02	.71
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	8	37		2,010.79	54.35	.044	251.35	2.37
HOSPITAL VISITS	4	27		1,699.03	62.93	.032	424.76	2.00
CRITICAL CARE	1	1		64.26	64.26	.001	64.26	.08

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	3	9	247.50	27.50	.011	82.50	.29
OPHTHALMOLOGICAL SERVICES	6	9	347.59	38.62	.011	57.93	.41
EXAMINATIONS	6	9	347.59	38.62	.011	57.93	.41
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	59.20	59.20	.001	59.20	.07
PRINCIPAL SURGEON	1	1	59.20	59.20	.001	59.20	.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	9	332.64	36.96	.011	83.16	.39
PRINCIPAL SURGEON	3	4	135.93	33.98	.005	45.31	.16
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	5	196.71	39.34	.006	98.36	.23
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	20	83.29	4.16	.024	27.76	.10
RADIOLOGY	7	12	115.06	9.59	.014	16.44	.14
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	5	27.25	5.45	.006	9.08	.03
OTHER SERVICES/ALL X-OVERS	76	221	2,560.49	11.59	.261	33.69	3.02
@PHARMACY	531	16,693	\$ 202,946.57	\$	19.685	\$ 382.20	\$ 239.32
PRESCRIPTION DRUGS	512	1,951	189,815.98	97.29	2.301	370.73	223.84
SNF/ICF	12	177	9,992.43	56.45	.209	832.70	11.78
OUTPATIENTS	500	1,774	179,823.55	101.37	2.092	359.65	212.06
MEDICAL SUPPLIES	109	14,742	13,130.59	.89	17.384	120.46	15.48
@DENTIST	37	135	\$ 5 , 327.75	\$ 39.46	.159	\$ 143.99	\$ 6.28
VISITS - DIAGNOSTIC	24	92	1,282.75	13.94	.108	53.45	1.51
ORAL SURGERY	5	17	681.00	40.06	.020	136.20	.80
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	3	518.00	172.67	.004	172.67	.61
ENDODONTICS	2	2	475.00	237.50	.002	237.50	.56
RESTORATIVE DENTISTRY	10	17	1,191.00	70.06	.020	119.10	1.40
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	2	4	1,180.00	295.00	.005	590.00	1.39
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DE	C 2004	PAGE 6,406
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
MARIN COUNTY	STIMMARY OF SERVICES EC	OR CASH CRANT	r - BITND	AID CODE	20		

MARIN COUNTY	SUMMARY OF SER	VICES FOR CASH G	RANT ·	- BLIND		AID CODE	20				
							M	ONT	HLY AVERA	GE	
848 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	4	16	\$	577.24	\$	36.08	.019	\$	144.31	\$.68
DIAGNOSTIC AND ANC. PROCED	3	3		162.00		54.00	.004		54.00		.19
EYE APPLIANCES	3	13		415.24		31.94	.015		138.41		.49
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00	•	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	7	7	\$	36.31	\$	5.19	.008	\$	5.19	\$.04
MEDICINE/INJECTIONS	1	1		24.00		24.00	.001		24.00	•	.03
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	6	6		12.31		2.05	.007		2.05		.01
@HOME HEALTH AGENCY	5	1,197	\$	35,807.97	\$	29.91	1.412	Ś	7161.59	Ś	42.23
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	73	257	Ś			109.74	.303		386.34		33.26
HOSP INPATIENT TOTAL	7	8	Τ	22,362.71	τ	2795.34	.009	т	3194.67	Τ.	26.37
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	8		18,054.71		2256.84	.009		9027.36		21.29
ACCOMMODATIONS	2	8		5,370.00		671.25	.009		2685.00		6.33
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	8		5,370.00		671.25	.009		2685.00		6.33
ANCILLARIES	2	0		12,684.71		.00	.000		6342.36		14.96
INPATIENT CROSSOVERS	5	0		4,308.00		.00	.000		861.60		5.08
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	68	249		5,840.41		23.46	.294		85.89		6.89
MEDICAL	12	14		653.17		46.66	.017		54.43		.77
SURGERY	2	2		50.20		25.10	.002		25.10		.06
PATHOLOGY	16	61		908.77		14.90	.072		56.80		1.07
RADIOLOGY	5	5		372.23		74.45	.006		74.45		.44
ROOM USE	18	23		957.98		41.65	.027		53.22		1.13
CROSSOVERS/ALL OTH OUTPTNT		144		2,898.06		20.13	.170		64.40		3.42
@COUNTY HOSPITAL TOTAL	0	0	Ś	.00	Ś	.00	.000	Ċ	.00	Ċ	.00
CO HOSPITAL INPATIENT TOTAL	· ·	0	Y	.00	Ŷ	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM ANCILLARIES	0	0		.00		.00	.000		.00		.00
VIACTITIVIZIES	U	U		.00		• 0 0	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 6,407
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	CASH GRANT	- BLIND	AID CODE	20		
					MONT	THLY AVERAG	E

						MC	ONTHLY AVERA	AGE	
848 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	73	257	\$	• , • • •	\$ 109.74	.303		\$	33.26
COMM HOSP INPATIENT TOTAL	7	8		22,362.71	2795.34	.009	3194.67		26.37
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	2	8		18,054.71	2256.84	.009	9027.36		21.29
ACCOMMODATIONS	2	8		5,370.00	671.25	.009	2685.00		6.33
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	2	8		5,370.00	671.25	.009	2685.00		6.33
ANCILLARIES	2	0		12,684.71	.00	.000	6342.36		14.96
INPATIENT CROSSOVERS	5	0		4,308.00	.00	.000	861.60		5.08
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	68	249		5,840.41	23.46	.294	85.89		6.89
MEDICAL	12	14		653.17	46.66	.017	54.43		.77
SURGERY	2	2		50.20	25.10	.002	25.10		.06
PATHOLOGY	16	61		908.77	14.90	.072	56.80		1.07
RADIOLOGY	5	5		372.23	74.45	.006	74.45		.44
ROOM USE	18	23		957.98	41.65	.027	53.22		1.13
CROSSOVERS/ALL OTH OUTPINT	45	144		2,898.06	20.13	.170	64.40		3.42
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	13	363	\$	52,803.14	\$ 145.46	.428	\$ 4061.78	\$	62.27
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	13	363		52,803.14	145.46	.428	4061.78		62.27
@INTERMEDIATE CARE FACILDD	12	364	\$		\$ 170.20	.429	\$ 5162.66	\$	73.06
ICF DDH	12	364	·	61,951.96	170.20	.429	5162.66		73.06
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	10	14	\$		\$ 524.47	.017		Ś	8.66
HOSPITAL BASED	0	0	-	.00	.00	.000	.00	- 1	.00
HEMODIALYSIS CENTER	10	14			524.47	.017	734.26		8.66
@REHABILITATION FACILITY	15	142	\$	2,081.15	\$ 14.66	.167			2.45
HOSPITAL BASED	0	0	7	.00	.00	.000	.00	- 1	.00
INDEPENDENT FACILITY	15	142		2,081.15	14.66	.167	138.74		2.45
@LABORATORY FACILITY	15	42	\$	621.94	\$ 14.81	.050		Ś	.73
PATHOLOGY	15	42	Τ	621.94	14.81	.050	41.46	~	.73
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
110 111.0 01111110	9	O		• 0 0	• 5 0	• 0 0 0	• 0 0		• 0 0

@ORGANIZED OUTPATIENT CLINIC	32	47 \$	2,678.71	\$ 56.99	.055 \$	83.71	\$	3.16
CLINIC	8	18	343.95	19.11	. 021	42.99		.41
SIRCICENTER	2	2	349 84	174 92	002	174 92		.41
UEDOIN DETOV CIINIC	0	47 \$ 18 2 0	313.01	171.92	000	174.92		.00
HEROIN DETOX CLINIC	0	0	1 004 00	72.50	.000	.00		
RURAL HEALTH CLINIC		۷.	1,984.92	/3.52	.032	90.22		
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DE	C 2004	PA	GE 6,408
MOP024	FEE-FOR-SERVICE	I/DENTAL						03/14/05
MOP024 MARIN COUNTY	SUMMARY OF SERV	ICES FOR CASH GRAN	T - BLIND	AID COD	E 20			
						ITHLY AVERA	GE -	
848 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	E.	LIGIBLE
GALL OTHER PROVIDERS	185	15.996 \$	177.405 12	s 11 09	18 863 \$	958 95	Ś	209 20
DURABLE MED FOULD	32	130	17 023 86	130 95	153	532 00	т	20 08
DICOD DANK	52	130	17,023.00	130.93	.100	00		20.00
DLOOD DANK	11	1 5	2 002 04	10000	.000	254 00		2 21
HEARING AID DISPENSERS	11	130	2,802.84	180.80	.018	234.80		3.31
MEDICAL TRANSPORTATION	8	138	1,061.60	7.69	.163	132.70		1.25
AMBULANCES/AIR TRANS	4	101	761.80	7.54	.119	190.45		.90
OTHER TRANS	1	3	33.11	11.04	.004	33.11		.04
OTHER SERVICES	3	34	266.69	7.84	.040	88.90		.31
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	15	337	21,038.05	62.43	.397	1402.54		24.81
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
THMC.MODEL-NE.NE.AIDS.MSSP	35	2.061	63.964.25	31 04	2 430	1827 55		75 43
OCCUPATIONAL THERAPIST	0	2,001	00,301.20	00	000	00		00
OPTICIAN	6	22	1 410 02	64 13	026	225 14		1 66
OFITCIAN DISPADICE	0	22	1,410.03	04.13	.020	233.14		1.00
PHISICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	Ţ	2	60.26	30.13	.002	60.26		.07
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		.00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE	0	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	1	3	62.76	20.92	.004	62.76		.07
SPEECH AND AUDIOLOGY	24	98	3,624.84	36.99	.116	151.04		4.27
HOSPICE SERVICES	2	89	16,333.37	183.52	.105	8166.69		19.26
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	38	3 337	46 403 55	13 91	3 935	1221 15		54 72
EDONT SUDDIFMENTAL SERVICE	0	3 , 33,	10, 103.33	10.91	000	00		00
DECDIDATION CARE DRACT	0	0	.00	.00	.000	.00		.00
RESPIRATORI CARE PRACI.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0 764	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	48	9,764	3,618.91	.3/	11.514	/5.39	_	4.27
@CALIF. CHILDREN SERVICES*	44	408 \$	59,773.45	\$ 146.50	.481 \$	1358.49	Ş	70.49
@XOVER EXCLUDING STATE HOSP*	129	520 \$	19,874.65	\$ 38.22	.613 \$	154.07	\$	23.44
THE AMOUNTS ARE ALREADY IN	ICLUDED IN THE AF	PROPRIATE DETAIL LI	NES ABOVE.					
** THESE DATA ARE INCLUDED 1	IN THE APPROPRIAT	'E DETAIL LINES ABOV	Ε.					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DE	C 2004	PA	GE 6,409
MOP024	FEE-FOR-SERVICE							03/14/05
		ICES FOR CASH GRAN	T - DISARLED	AID COD	E 60			00/ 11/ 00
THICH COONTI	BOTHWIN OF BEIN	TODO TOTO CARRIE GIVIN		MID COD	MON	אליבטא אניבטא	CF _	
22 704 ELICIDIES	USERS	INTER OF SERVICE	EADENDIMIDEC	ATTEDACE COC	T UNITS/DAYS			
32,784 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES					OST PER
OMOMAL ALL DESCRIPTION	05 611	OR DAYS OF CARE	04 015 600 00	PER UNIT/DA		USER		LIGIBLE
@TOTAL, ALL PROVIDERS	25,611	757,927 \$		\$ 31.69	23.119 \$			732.54
@PHYSICIANS SERVICES	6 , 757	20,064 \$	•	\$ 40.28	.612 \$		Ş	24.65
OUTPATIENT VISITS	3 , 150	4,583	194,623.90	42.47	.140	61.79		5.94
OFFICE VISITS	1,866	2,625	81,498.53	31.05	.080	43.68		2.49
HOME VISITS	61	67	2,529.80	37.76	.002	41.47		.08
EMERGENCY ROOM	1,342	1,722	106,178.37	61.66	.053	79.12		3.24
	, -	•	,					

PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	1	1		120.00		120.00	.000		120.00		.00
OTHER OUTPATIENT	130	168		4,297.20		25.58	.005		33.06		.13
INPATIENT VISITS	769	2,637		128,521.25		48.74	.080		167.13		3.92
HOSPITAL VISITS	549	2,096		94,658.08		45.16	.064		172.42		2.89
CRITICAL CARE	65	195		22,402.98		114.89	.006		344.66		.68
SNF/ICF/TRANS IP CARE	220	346		11,460.19		33.12	.011		52.09		.35
OPHTHALMOLOGICAL SERVICES	169	198		8,239.54		41.61	.006		48.75		.25
EXAMINATIONS	169	198		8,239.54		41.61	.006		48.75		.25
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	180	980		90,889.81		92.74	.030		504.94		2.77
PRINCIPAL SURGEON	132	219		72,206.52		329.71	.007		547.02		2.20
ASSISTANT SURGEON	16	16		2,442.94		152.68	.000		152.68		.07
ANESTHESIOLOGIST	60	745		16,240.35		21.80	.023		270.67		.50
OUTPATIENT SURGERY	497	1,342		82,468.59		61.45	.041		165.93		2.52
PRINCIPAL SURGEON	377	550		62,802.08		114.19	.017		166.58		1.92
ASSISTANT SURGEON	2	2		339.67		169.84	.000		169.84		.01
ANESTHESIOLOGIST	137	790		19,326.84		24.46	.024		141.07		.59
DIALYSIS	32	95		10,297.06		108.39	.003		321.78		.31
PATHOLOGY	269	1,009		8,348.03		8.27	.031		31.03		.25
RADIOLOGY	1,440	2,717		116,949.94		43.04	.083		81.22		3.57
PSYCHIATRY	2	2,717		65.96		32.98	.000		32.98		.00
IMMUNIZATION AND INJECTION	73	413		27,339.18		66.20	.013		374.51		.83
OTHER SERVICES/ALL X-OVERS	2 , 724	6,088		140,427.80		23.07	.186		51.55		4.28
@PHARMACY	20,932		5	14,430,345.20	\$		11.895	¢		Ś	440.16
PRESCRIPTION DRUGS	20,633	92,088	7	11,269,729.84	Ÿ	122.38	2.809	Y	546.20	Y	343.76
SNF/ICF	1,293	9,051		1,135,773.22		125.49	.276		878.40		34.64
OUTPATIENTS	19,609	83,037				123.49	2.533		516.80		309.11
MEDICAL SUPPLIES	1,547			10,133,956.62		10.61	9.086		2043.06		96.41
		297,869 7,392		3,160,615.36	Ċ			ċ		ċ	
@DENTIST	2,245	,	?	269,523.66	\$.225	P		Ş	8.22
VISITS - DIAGNOSTIC	1,576	4,730		71,691.48		15.16	.144		45.49		2.19
ORAL SURGERY	263	619		30,520.21		49.31	.019		116.05		.93
DRUGS	9	9		25.00		2.78	.000		2.78		.00
ANESTHESIA	6	7		775.00		110.71	.000		129.17		.02
PERIODONTICS	178	202		22,190.24		109.85	.006		124.66		.68
ENDODONTICS	96	136		23,963.50		176.20	.004		249.62		.73
RESTORATIVE DENTISTRY	621	1,277		69,684.15		54.57	.039		112.21		2.13
PROSTHETICS	28	29		822.50		28.36	.001		29.38		.03
DENTURES, STAYPLATES	156	340		49,745.33		146.31	.010		318.88		1.52
SPACE MAINTAINERS	1	2		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1		35.00		35.00	.000		35.00		.00
ALL OTHER SERVICES	39	39		71.25		1.83	.001		1.83		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	S MO	NTH-OF-PAYMENT RE	EPOR1	FOR JAN	2004 THRU	DEC	2004	PF	AGE 6,410
MOP024	FEE-FOR-SERVICE	•									03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR CASH GRAN	1T -	DISABLED		AID CODE					
							M				
32,784 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	290	741 \$	Ş	18,803.85	\$	25.38	.023	\$	64.84	\$.57
DIAGNOSTIC AND ANC. PROCED	183	197		8,180.07		41.52	.006		44.70		.25
EYE APPLIANCES	172	527		9,742.32		18.49	.016		56.64		.30
OTHER OPTOMETRIC SERVICES	16	17		881.46		51.85	.001		55.09		.03
@CHIROPRACTOR	17	44 \$	Š	668.94	\$	15.20	.001	\$	39.35	\$.02
VISITS	13	39		597.74		15.33	.001		45.98		.02

OMVID OFFICE	4	_		71 00		1 4 0 4	0.00		17 00		0.0
OTHER SERVICES @PODIATRIST	4 323	5 419	\$	71.20	ċ	14.24 20.45	.000 .013	ċ	17.80 26.53	ċ	.00 .26
MEDICINE/INJECTIONS	213		Ą	8,569.15	\$			Ş		\$	
		239		6,462.30		27.04 23.01	.007		30.34		.20
SURGERY/ANES.	9	10		230.14			.000		25.57		.01
RADIO./PATHOLOGY	4	5		86.50		17.30	.000		21.63		.00
OTHER	109	165	<u> </u>	1,790.21	<u> </u>	10.85	.005	<u>^</u>	16.42	<u> </u>	.05
@HOME HEALTH AGENCY	124	821	\$	52,944.14	\$	64.49	.025	\$	426.97	\$	1.61
NURSE ANESTHESIST	0	0	Ş	.00	\$.00	.000	\$.00	Ş	.00
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	\$.00	Ş	.00
PEDIATRIC NURSE PRACTITIONER	2	2	Ş	80.00	\$	40.00	.000	\$	40.00	Ş	.00
FAMILY NURSE PRACTITIONER	12	31	Ş	409.38	\$	13.21	.001	\$	34.12	Ş	.01
@TOTAL HOSPITAL	4,559	23,774	Ş	3,929,466.75	\$	165.28	.725	\$		\$	119.86
HOSP INPATIENT TOTAL	491	1,971		3,076,297.08		1560.78	.060		6265.37		93.84
HSC HOSPITALS	309	1,670		2,585,924.10		1548.46	.051		8368.69		78.88
NON-HSC HOSPITAL TOTAL	76	301		335 , 607.28		1114.97	.009		4415.89		10.24
ACCOMMODATIONS	74	301		109,684.40		364.40	.009		1482.22		3.35
ADMINISTRATIVE DAYS	7	9		2,081.70		231.30	.000		297.39		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	68	292		107,602.70		368.50	.009		1582.39		3.28
ANCILLARIES	74	0		225 , 922.88		.00	.000		3053.01		6.89
INPATIENT CROSSOVERS	135	0		154,765.70		.00	.000		1146.41		4.72
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4,248	21,803		853 , 169.67		39.13	.665		200.84		26.02
MEDICAL	1,143	1,872		77,968.23		41.65	.057		68.21		2.38
SURGERY	316	450		20,367.82		45.26	.014		64.46		.62
PATHOLOGY	1,258	6 , 530		84,902.66		13.00	.199		67.49		2.59
RADIOLOGY	1,179	2,095		209,998.84		100.24	.064		178.12		6.41
ROOM USE	1,839	2 , 598		103,815.81		39.96	.079		56.45		3.17
CROSSOVERS/ALL OTH OUTPINT	2,111	8,258		356,116.31		43.12	.252		168.70		10.86
@COUNTY HOSPITAL TOTAL	99	455	\$	68,147.48	\$	149.77	.014	\$	688.36	\$	2.08
CO HOSPITAL INPATIENT TOTAL	11	59		58,241.39		987.14	.002		5294.67		1.78
HSC HOSPITALS	10	50		54,606.50		1092.13	.002		5460.65		1.67

NON-HSC HOSPITALS TOTAL	3	9		3,634.89		403.88	.000	1211.63		.11
ACCOMMODATIONS	3	0		2 001 70		231.30	.000	693.90		.06
ADMINITORD ARTITE DAVO	0	0 0 9 0		.00		.00	.000	.00		.00
TRANSTITIONAL TO CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	3	o a		2,081.70		231.30	.000	693.90		.06
ANCTITADIES	2	0		1,553.19		.00	.000	693.90 776.60		.05
TNDATTENT CDOSCOVEDS	0	0		.00		.00	.000	.00		.00
ALL OURD INDAUTENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	92	396		9,906.09		25 02	.012	107 67		.30
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	41	49		1,543.05		25.02 31.49	.012	107.67 37.64		.05
SURGERY	41	10		325.18		31.43	.000	10 65		.01
PATHOLOGY	8 31 19	188		2,569.44		31.49 32.52 13.67 54.78 39.57	.006	40.65 82.89		.08
RADIOLOGY	10	39		2,136.34		5/ 70	.001	112 //		.07
ROOM USE	56	68		2,130.34		20.57	.001	112.44 48.05		.08
		42		641.34		15.27	.002	26.72		.02
CROSSOVERS/ALL OTH OUTPINT #CALIF DEPT OF HEALTH SERV			EC M		ים חם				г	AGE 6,411
	FEE-FOR-SERVICE		ro M	ONIH-OF-FAIMENT RE	SPOR.	I FOR JAN 2	2004 INKU I	EC 2004	г	03/14/05
MARIN COUNTY		/ICES FOR CASH GR	7. 1.1.11	DICABIED		AID CODE	60			03/14/03
MARIN COUNTI	SUMMARI OF SERV	ICES FOR CASH GR	ANI	- DISABLED		AID CODE		NTHLY AVERA	CE	
32,784 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ 7.71	EDACE COCH			-	COST PER
•				EXPENDITORES		R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,483 482 300 73 71 7	OR DAYS OF CARE 23,319	\$	3,861,319.27	Ċ	165 50	711	\$ 861.32		
COMM HOSP INPATIENT TOTAL	4,403	1,912	Ą	3,018,055.69	ې	163.39	.058	6261.53	ş	92.06
HSC HOSPITALS	402	1,620		2,531,317.60		15/0.40	.036	8437.73		77.21
NON-HSC HOSPITALS TOTAL	73	292		331,972.39		1126 00	.009	4547.57		
ACCOMMODATIONS	73	292		107,602.70		1130.09	.009	1515.53		10.13 3.28
ACCOMMODATIONS ADMINISTRATIVE DAYS	7 1	9		2,081.70		221 20	.009	297.39		.06
ADMINISTRATIVE DATS	7 0 65 72 135	0		2,001.70		165.59 1578.48 1562.54 1136.89 368.50 231.30 .00 372.87	.000	.00		.00
TRANSITIONAL IP CARE	0	202		105,521.00		.00	.000	1623.40		3.22
ALL OTHER ACCOM	70	203		103,321.00		3/2.0/	.009			6.84
ANCILLARIES	125	0		224,369.69 154,765.70		.00	.000	3116.25 1146.41		4.72
INPATIENT CROSSOVERS	133	0 283 0 0 0 21,407 1,823		134,763.70		372.87 .00 .00 .00 39.39 41.92 45.55 12.98 101.10 39.97 43.27	.000	1140.41		.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	4 176	21 407		.00 843,263.58		.00	.000	.00 201.93 69.23 65.07		
MEDICAL	4,170 1 104	1,823		76,425.18		39.39 41 02	.055	201.93		25.72 2.33
SURGERY	308	440		20,042.64		41.92	.036	65.23		.61
PATHOLOGY	1 221			20,042.04		12 00	.193	66.00		2.51
	1,231 1,162	6,342 2,056		82,333.22 207,862.50		12.90	.193	66.88 178.88		6.34
RADIOLOGY	1,102			207,862.50		101.10	.063	56.43		3.08
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	1,792	2,530		101,125.07		39.97	.077			
	2 , 090	8,216	ċ	355,474.97	ć	43.27	.251	170.08	<u>_</u>	10.84
@STATE HOSPITAL		158	\$	110,643.13	Ş	700.27		\$ 18440.52	Ş	3.37
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	6	158	ċ	110,643.13	ć	700.27	.005	18440.52	ć	3.37
@NURSING FACILITY	0 6 336	9,474	\$	1,376,955.70	Ş	145.34		\$ 4098.08	Þ	42.00
LEV A-INTERMEDIATE	0 54	1 607		.00		.00 137.04	.000	.00		.00
LEV B-REHAB MD	54	1,697		232,561.36				4306.69		7.09
LEV B-SUBACUTE FREESTANDING	3	49		30,080.61		613.89		10026.87		.92
LEV B-SUBACUTE HSPTL BASED	0			.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0 279	0 7 728		.00 1 114 313 73		.00 144 19	.000	.00		.00
LEV BEREITHLAR	//9	, , , 8		1 114 313 /3		144 19	/ 1 h	3443 4h		* * 4 4

1,114,313.73

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.213 \$ 5706.54 \$

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

000000000000000000000000000000000000000	7.4	1 015	<u> </u>	14 710 00	<u>^</u>	14 50	0.21	å 100 00	<u> </u>	4.5
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	/4	1,015	\$	14,719.93		14.50	.031			.45
HOSPITAL BASED	/	28 987 14 808		839.88 13,880.05		30.00	.001	119.98		.03
INDEPENDENT FACILITY	67	987		13,880.05		14.06	.030	207.16		. 42
@LABORATORY FACILITY	2,255	14,808	Ş	132,023.30	Ş	8.97	.452	\$ 58.90		
PATHOLOGY	2 , 175	14,611 197		126,890.34		8.68	.446			3.87
XO AND OTHERS	94	197		5,935.64		30.13	.006			.18
PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	4,092 524 8 16 3,632 MEDI-CAL SERVICE FEE-FOR-SERVICE	6,648 1,357	\$	582,683.17 34,385.75	\$	87.65	.203	\$ 142.40		
CLINIC	524	1 , 357		34,385.75		25.34	.041			1.05
SURGICENTER	8	11		1,588.16		144.38	.000	198.52		.05
HEROIN DETOX CLINIC	16	199		2,312.72		11.62	.006			.07
RURAL HEALTH CLINIC	3,632	5,081		2,312.72 544,396.54		107.14	.155	149.89		16.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDIT	JRES 1	MONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2004 THRU D	EC 2004	PA	GE 6,412
MOP024	FEE-FOR-SERVICE	DENTAL								03/14/05
MAD TAL COLUMNIA	armara Bri an anni		GRANT	- DISABLED		AID CODE	60			
1111(11) 0001(11)		1020 1010 011011	014111	515115225		1112 0022	MO	NTHLY AVERA	GE -	
MARIN COUNTY 32,784 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	USERS	UNITS OF SERVI	~E	EXPENDITURES	AVF	RAGE COST	IINTTS/DAYS			OST PER
32,701 111011110	ODERO	OR DAVE OF CAL	OE OE		DEE	VZQ\TTMII	PER ELIG	USER		LIGIBLE
ANTI OTHER PROMINERS	3 651	272 669	ć ć	946 081 53	Ç I III I	3 17	9 317	\$ 259.13		
DUDADLE MED FOULD	3,031	2/2,009	Ą	150,001.33	۲	0.47	0.317			
DURABLE MED. EQUIP.	339	1,655		159,088.76		96.13	.050	469.29 .00		4.85
BLOOD BANK	U	U		.00		.00	.000	.00 192.95 152.07 156.30 33.11		.00
HEARING AID DISPENSERS	61	161		11,770.14		73.11	.005	192.95		.36
MEDICAL TRANSPORTATION	540	5 , 187		82,118.02		15.83	.158	152.07		2.50
AMBULANCES/AIR TRANS	486	4,891		75 , 960.65		15.53	.149	156.30		2.32
OTHER TRANS	26	238		860.74		3.62	.007	33.11 123.18		.03
OTHER SERVICES	43	58		5,296.63		91.32	.002	123.18		.16
ACUPUNCTURE	114	392		6,658.78		16.99	.012	58.41		.20
ADULT DAY HEALTH CARE CTR	135	1,532		106,015.85		69.20	.047	785.30		3.23
GENETIC DISEASE TESTING	0	, 0		0.0		0.0	.000	785.30 .00		.00
THMC MODEL - NE NE AIDS MSSP	236	3 135		132 231 89		42 18	.096	560.30		4.03
OCCUDATIONAL TUEDADICT	250	3,133		132,231.09		12.10	.000	00.50		.00
ODDICIAN	430	1 605		10 407 63		12 00	0.00	44 21		
OPTICIAN	439	1,605		19,407.63		12.09	.049	44.21		.59
PHYSICAL THERAPIST	3	15		223.20		14.88	.000	74.40		.01
PORTABLE X-RAY	34	/8		1,622.08		20.80	.002	47.71		.05
PROSTHETIST/ORTHOTISTS	41	179		25,197.23		140.77	.005	614.57 614.57		.77
PROSTHETICS	41	179		25,197.23		140.77	.005			
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	11	21		468.14		22.29	.001	.00		.01
SPEECH AND AUDIOLOGY	666	3,037		120,586.55		39.71	.093	181.06		3.68
HOSPICE SERVICES	16	428		58,645.04		137.02	.013	3665.32		1.79
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP**	387	12.842		136,602.91		10.64				4.17
EPSDT SUPPLEMENTAL SERVICE	0	,		0.0		0.0	000	352.98 .00		.00
RESPIRATORY CARE PRACT	0	0		0.0		00	.000	.00		.00
DED CUDACUME DEUAD/WEANING	0	0		.00		.00				.00
ALL OWNER DROWING	003	242 403		05 445 31		.00	7 204	94.62		2.61
ALL OTHER PROVIDERS	903	242,402	<u> </u>	85,445.31	<u>^</u>	.33	.000 7.394	94.62	<u> </u>	
GCALIF. CHILDREN SERVICES^	288	8,134	۶	3,2/2,3/4./4	Ş	402.31	. 240	3 11302.41		99.82
					Ş	16.18	.890	\$ 152.57	Ş	14.40
0* TOTALS IN THESE LINES ARE										
THE AMOUNTS ARE ALREADY IN										
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES A	ABOVE	•						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDIT	JRES 1	MONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2004 THRU D	EC 2004	PA	GE 6,413
MOP024	FEE-FOR-SERVICE	C/DENTAL								03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR CGF 3	0-33	35 40 42 3A-3M 3P	3R 3U	3W 4C-4G				
						_		NTHLY AVERA	GE -	
22,072 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVF	RAGE COST				OST PER
22,0.2 2210122	00110	OR DAYS OF CAL		2112 2110 1 1 01(110)			PER ELIG	USER		LIGIBLE
		OIL DITTO OF CAL			LEIT	, OMTT/DAI	בבות בבונס	ODEI	ت	

AMOMAI AII DDOMIDEDC	10 626	45,398	\$	2 (45 417 52	\$	58.27	2	0 E 7	Ċ	248.72	Ċ	110 05
@TOTAL, ALL PROVIDERS	10,636 3,262	45,398 7,277		2,645,417.52				057				119.85 13.15
@PHYSICIANS SERVICES	2,439			290,200.14	ې				\$		Ş	
@PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS	2,439	3,095		123,030.25 50,618.91		39.75	•	140		50.44		5.57
OFFICE VISITS	1,274	1,616		50,618.91		31.32	•	0/3		39.73 .00 56.28 51.48 119.34 38.55 155.31		2.29
HOME VISITS	()	0		.00		.00	•	000		.00		.00
EMERGENCY ROOM	1,212	1,400		68,210.61		48.72	•	063		56.28		3.09
PREVENTIVE CARE	7	8		360.36		45.05		000		51.48		.02
OB VISITS/COMPRE PERI	17	19		2,028.74		106.78		001		119.34		.09
OTHER OUTPATIENT	47	52		1,811.63		106.78 34.84 51.17		002		38.55		.08
INPATIENT VISITS	86	261		13,356.29		21.1/		012		155.31		.61
HOSPITAL VISITS	83	240		11,891.56		49.55		011		143.27		.54
CRITICAL CARE	8	21		1,464.73		69.75	•	JUI		103.09		.07
SNF/ICF/TRANS IP CARE	0	0		.00		.00		000		.00		.00
OPHTHALMOLOGICAL SERVICES	88	106 106		4,497.31		42.43		005		51.11		.20
EXAMINATIONS	88	106		4,497.31		42.43		005		51.11		.20
SERVICES AND MATERIALS	0	0		.00		.00		000		.00		.00
INPATIENT HOSPITAL SURGERY	100	795 76		40,849.78		51.38		036		408.50		1.85
PRINCIPAL SURGEON	59	76		29,231.63		51.38 384.63		003		495.45		1.32
ASSISTANT SURGEON	5	5		952.63		190.53		000		190.53		.04
ANESTHESIOLOGIST	46	714		10,665.52 54,815.22 46.523.95		14.94		032		231.86		.48
OUTPATIENT SURGERY	328	687		54.815.22		79.79		031		167.12		2.48
PRINCIPAL SURGEON	290	378		46,523.95		123.08 117.48		017		160.43		2.11
ASSISTANT SURGEON	2	2		234.96		117.48		000		117.48		.01
ANESTHESIOLOGIST	56	307		8,056.31		26.24		014		143.86		.37
DIALYSIS	0	0		.00		.00		000		.00		.00
ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY	238	699		3,993.52		5.71		032		16.78		.18
RADIOLOGY	705	981		34,423.88		35.09		044		48.83		1.56
PSYCHIATRY	0	0		.00		.00		000		.00		.00
IMMUNIZATION AND INJECTION		56		911.73		16.28		003		35.07		.04
OTHER SERVICES/ALL X-OVERS	0 = =	597		14,322.16		23.99		027		40.12		.65
@PHARMACY	357 4,524 4,500	10,363	Ś	649,883.06	Ċ				Ċ	143.65	Ċ	29.44
PRESCRIPTION DRUGS	4,524	9,843	Ÿ	635,629.59	Ÿ	61 50	•	446		141.25	Y	28.80
SNF/ICF	4,300	18		11,032.56		612 02	•	001		1838.76		.50
OUTPATIENTS	4,497	9,825		624,597.03		64.58 612.92 63.57	•	445		138.89		28.30
		520		14,253.47		03.37	•	024		104.80		.65
MEDICAL SUPPLIES	136 1,468 1,132		Ś		ċ	27.41	•				ċ	6.99
@DENTIST	1,408	5,492	Ą	154,214.10	Ą	28.08	•			105.05	Ş	
VISITS - DIAGNOSTIC	1,132	3,949		65,318.25		27.41 28.08 16.54 54.44	•	179		57.70		2.96
ORAL SURGERY	161 45	288 57		15,679.50		54.44	•	013		97.39		.71
DRUGS		- ·		1,193.75		20.94		003		26.53		.05
ANESTHESIA	6	6		400.00		66.67 89.89	•	000		66.67		.02
PERIODONTICS	16	17		1,528.06		89.89	•	001		95.50		.07
ENDODONTICS	84	116 931		13,846.50		89.89 119.37 50.64	•	005		164.84		.63
RESTORATIVE DENTISTRY	_	931		47,141.54		50.64	•	042		113.05		2.14
PROSTHETICS	5	5		190.00		38.00		000		38.00		.01
PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS	13	5 40 10 6		3 , 939.00		98.48		002		303.00		.18
SPACE MAINTAINERS	8	10		1,000.00		100.00 47.08		000		125.00		.05
MAXILLOFACIAL SERVICES	6	6		282.50				000		47.08		.01
FRACTURES, DISLOCATIONS	0	U		.00		.00		000		.00		.00
ORTHODONTIC SERVICES	34	38		3,320.00		87.37		002		97.65		.15
ALL OTHER SERVICES	23	29		375.00		12.93		001		16.30		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES N	MONTH-OF-PAYMENT R	EPOR1	r for jan	2004 T	HRU	DEC	2004		E 6,414
MOP024	FEE-FOR-SERVICE/DE	NTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERVICES	S FOR CGF 30	-33 3	35 40 42 3A-3M 3P	3R 3t	J 3W 4C-4G	j					
								I	TNOM	HLY AVERA	GE	

	4.50		_	==	_			_		_	
@OPTOMETRIST	159	395	\$	9,675.21	\$	24.49	.018	Ş	60.85	Ş	.44
DIAGNOSTIC AND ANC. PROCED	130	144		5,853.66		40.65	.007		45.03		.27
EYE APPLIANCES	87	250		3,797.55		15.19	.011		43.65		.17
OTHER OPTOMETRIC SERVICES	1	1		24.00		24.00	.000		24.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	13	21	\$	658.55	\$	31.36	.001	\$	50.66	\$.03
MEDICINE/INJECTIONS	11	14		445.82		31.84	.001		40.53		.02
SURGERY/ANES.	2	5		171.21		34.24	.000		85.61		.01
RADIO./PATHOLOGY	1	2		41.52		20.76	.000		41.52		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	40	65	\$	3,894.86	\$	59.92	.003	Ś	97.37	Ś	.18
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	Ő	Š	.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000	\$		\$.00
FAMILY NURSE PRACTITIONER	3	4	Ċ	96.00	\$.000	\$	32.00		.00
@TOTAL HOSPITAL	2,000	7,117	Ċ	897,483.04		126.10	.322	\$	448.74	Ċ	40.66
HOSP INPATIENT TOTAL	130	419	Ą	702,921.78	۲	1677.62	.019	۲	5407.09	Ų	31.85
	121	383									
HSC HOSPITALS				634,844.24		1657.56	.017		5246.65		28.76
NON-HSC HOSPITAL TOTAL	10	36		68,077.54		1891.04	.002		6807.75		3.08
ACCOMMODATIONS	10	36		22,392.24		622.01	.002		2239.22		1.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	36		22,392.24		622.01	.002		2239.22		1.01
ANCILLARIES	10	0		45,685.30		.00	.000		4568.53		2.07
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,931	6 , 698		194,561.26		29.05	.303		100.76		8.81
MEDICAL	420	697		26 , 793.69		38.44	.032		63.79		1.21
SURGERY	155	191		9,101.49		47.65	.009		58.72		.41
PATHOLOGY	534	1,990		22,365.04		11.24	.090		41.88		1.01
RADIOLOGY	553	713		42,430.03		59.51	.032		76.73		1.92
ROOM USE	1,438	1,755		67,960.47		38.72	.080		47.26		3.08
CROSSOVERS/ALL OTH OUTPTNT	682	1,352		25,910.54		19.16	.061		37.99		1.17
@COUNTY HOSPITAL TOTAL	17	69	\$	4,617.44	\$	66.92	.003	\$	271.61	\$.21
CO HOSPITAL INPATIENT TOTAL	1	2		2,260.00		1130.00	.000		2260.00		.10
HSC HOSPITALS	1	2		2,260.00		1130.00	.000		2260.00		.10
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	16	67		2,357.44		35.19	.003		147.34		.11
MEDICAL	10	5		239.68		47.94			59.92		
SURGERY	2	5		201.25		40.25	.000		67.08		.01
	<i>3</i>	33		647.17					80.90		.01
PATHOLOGY	8 3					19.61	.001				
RADIOLOGY		4		483.81		120.95	.000		161.27		.02
ROOM USE	9	13		702.20		54.02	.001		78.02		.03
CROSSOVERS/ALL OTH OUTPTNT	4	7	.DE ~ .	83.33		11.90	.000	D=-	20.83	D 3 0	.00
	MEDI-CAL SERVICES ANI		KES I	MONTH-OF-PAYMENT RE	ĽРОŘ	T FOR JAN 200	4 THRU	DEC	2004		E 6,415
	FEE-FOR-SERVICE/DENTA			25 42 42 25 25 25	a- a						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES 1	FOR CGF 30	-33	35 40 42 3A-3M 3P 3	3K 3	U 3W 4C-4G					

22,072 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,985	7,048	\$ 892,865.60	\$ 126.68	.319	\$ 449.81	\$ 40.45
COMM HOSP INPATIENT TOTAL	129	417	700,661.78	1680.24	.019	5431.49	31.74
HSC HOSPITALS	120	381	632,584.24	1660.33	.017	5271.54	28.66
NON-HSC HOSPITALS TOTAL	10	36	68,077.54	1891.04	.002	6807.75	3.08
ACCOMMODATIONS	10	36	22,392.24	622.01	.002	2239.22	1.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	36	22,392.24	622.01	.002	2239.22	1.01
ANCILLARIES	10	0	45,685.30	.00	.000	4568.53	2.07
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,917	6,631	192,203.82	28.99	.300	100.26	8.71
MEDICAL	416	692	26,554.01	38.37	.031	63.83	1.20
SURGERY	152	186	8,900.24	47.85	.008	58.55	.40
PATHOLOGY	527	1 , 957	21,717.87	11.10	.089	41.21	.98
RADIOLOGY	550	709	41,946.22	59.16	.032	76.27	1.90
ROOM USE	1,430	1,742	67 , 258.27	38.61	.079	47.03	3.05
CROSSOVERS/ALL OTH OUTPTNT	678	1,345	25,827.21	19.20	.061	38.09	1.17
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	•	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

----- MONTHLY AVERAGE -----

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	Ō		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	14	81	\$	1,384.46	\$	17.09	.004	\$	98.89	\$.06
HOSPITAL BASED	5	13		403.80		31.06	.001		80.76		.02
INDEPENDENT FACILITY	9	68		980.66		14.42	.003		108.96		.04
@LABORATORY FACILITY	842	3 , 252	\$	40,205.78	\$	12.36	.147	\$	47.75	\$	1.82
PATHOLOGY	840	3,249		40,105.08		12.34	.147		47.74		1.82
XO AND OTHERS	3	3		100.70		33.57	.000		33.57		.00
@ORGANIZED OUTPATIENT CLINIC	3,135	6,212	\$	521,945.66	\$	84.02	.281	\$	166.49	\$	23.65
CLINIC	611	2 , 565		64,706.37		25.23	.116		105.90		2.93
SURGICENTER	1	1		5.00		5.00	.000		5.00		.00
HEROIN DETOX CLINIC	3	55		597.42		10.86	.002		199.14		.03
RURAL HEALTH CLINIC	2,573	3 , 591		456,636.87		127.16	.163		177.47		20.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 6,416
MOP024	FEE-FOR-SERVICE/DEN	NTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERVICES	FOR CGF 30	-33	35 40 42 3A-3M 3P	3R 3U	3W 4C-4G					

1111(11) 0001(11)	00111111111 01 01111	1020 101. 001 00	00		31. 00 0 10 10	MC	NTHLY AVERA	\GE	
22,072 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	-	COST PER
		OR DAYS OF CAR	E.		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	911	5 , 119	\$	75,776.66	\$ 14.80	.232	\$ 83.18	\$	3.43
DURABLE MED. EQUIP.	40	59		4,266.84	72.32	.003	106.67		.19
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	114	792		16,826.00	21.24	.036	147.60		.76
AMBULANCES/AIR TRANS	114	768		13,152.25	17.13	.035	115.37		.60
OTHER TRANS	2	22		73.75	3.35	.001	36.88		.00
OTHER SERVICES	2	2		3,600.00	1800.00	.000	1800.00		.16
ACUPUNCTURE	4	16		283.46	17.72	.001	70.87		.01
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	14	14		1,470.00	105.00	.001	105.00		.07
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	179	546		6,123.37	11.21	.025	34.21		.28
PHYSICAL THERAPIST	2	8		118.23	14.78	.000	59.12		.01
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	16	61		9,007.12	147.66	.003	562.95		.41
PROSTHETICS	16	61		9,007.12	147.66	.003	562.95		.41
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	5	16		1,148.89	71.81	.001	229.78		.05
SPEECH AND AUDIOLOGY	1	2		102.05	51.03	.000	102.05		.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	514	3,562		35,163.74	9.87	.161	68.41		1.59
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	29	43		1,266.96	29.46	.002	43.69		.06
@CALIF. CHILDREN SERVICES*	87	491	\$	78,964.25	\$ 160.82	.022	\$ 907.64	\$	3.58
@XOVER EXCLUDING STATE HOSP**	14	80	\$	 1,435.10	\$ 17.94	.004	\$ 102.51	\$.07

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,417 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

MARIN COUNTY	SUMMARY OF SERV	VICES FOR CASH GRANT -	- TOTAL				
							AGE
64,960 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	43,605	995 , 498 \$	31,313,805.14	\$ 31.46	15.325	\$ 718.12	\$ 482.05
@PHYSICIANS SERVICES	11,435	31,379 \$	1,169,320.26	\$ 37.26	.483		\$ 18.00
OUTPATIENT VISITS	5,680	7,802	322,657.56	41.36	.120	56.81	4.97
OFFICE VISITS	3,204	4,314	134,588.80	31.20	.066	42.01	2.07
HOME VISITS	65	72	2,691.30	37.38	.001	41.40	.04
EMERGENCY ROOM	2,580	3,166	176,674.41	55.80	.049	68.48	2.72
PREVENTIVE CARE	2 , 333	8	360.36	45.05	.000	51.48	.01
OB VISITS/COMPRE PERI	18	20	2,148.74	107.44	.000	119.37	.03
OTHER OUTPATIENT	179	222	6,193.95	27.90	.003	34.60	.10
INPATIENT VISITS	872	2,946	144,438.13	49.03	.045	165.64	2.22
	639	•		45.83			1.67
HOSPITAL VISITS		2,366	108,439.77		.036	169.70	
CRITICAL CARE	75	218	24,053.57	110.34	.003	320.71	.37
SNF/ICF/TRANS IP CARE	229	362	11,944.79	33.00	.006	52.16	.18
OPHTHALMOLOGICAL SERVICES	273	324	13,556.30	41.84	.005	49.66	.21
EXAMINATIONS	273	324	13,556.30	41.84	.005	49.66	.21
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	282	1,777	132,070.20	74.32	.027	468.33	2.03
PRINCIPAL SURGEON	193	297	101,768.76	342.66	.005	527.30	1.57
ASSISTANT SURGEON	21	21	3,395.57	161.69	.000	161.69	.05
ANESTHESIOLOGIST	106	1,459	26,905.87	18.44	.022	253.83	.41
OUTPATIENT SURGERY	836	2,045	138,396.34	67.68	.031	165.55	2.13
PRINCIPAL SURGEON	677	939	110,241.85	117.40	.014	162.84	1.70
ASSISTANT SURGEON	4	4	574.63	143.66	.000	143.66	.01
ANESTHESIOLOGIST	195	1,102	27,579.86	25.03	.017	141.44	.42
DIALYSIS	32	95	10,297.06	108.39	.001	321.78	.16
PATHOLOGY	514	1,746	12,504.42	7.16	.027	24.33	.19
RADIOLOGY	2,173	3,741	152,049.03	40.64	.058	69.97	2.34
PSYCHIATRY	2,173	2	65.96	32.98	.000	32.98	.00
	102	474	28,278.16	59.66	.007	277.24	.44
IMMUNIZATION AND INJECTION							
OTHER SERVICES/ALL X-OVERS	4,381	10,427	215,007.10	20.62	.161	49.08	3.31
@PHARMACY	31,616	517,107 \$	17,053,151.46	\$ 32.98	7.960		•
PRESCRIPTION DRUGS	31,188	124,124	13,815,100.88	111.30	1.911	442.96	212.67
SNF/ICF	1,634	11,374	1,315,089.54	115.62	.175	804.83	20.24
OUTPATIENTS	29 , 876	112,750	12,500,011.34	110.86	1.736	418.40	192.43
MEDICAL SUPPLIES	2 , 295	392 , 983	3,238,050.58	8.24	6.050	1410.92	49.85
@DENTIST	4,255	14,700 \$	495,430.77	\$ 33.70	.226	•	
VISITS - DIAGNOSTIC	3,063	9 , 827	151 , 903.21	15.46	.151	49.59	2.34
ORAL SURGERY	483	1,040	52 , 356.69	50.34	.016	108.40	.81
DRUGS	54	66	1,218.75	18.47	.001	22.57	.02
ANESTHESIA	12	13	1,175.00	90.38	.000	97.92	.02
PERIODONTICS	223	249	26,883.66	107.97	.004	120.55	.41
ENDODONTICS	198	271	41,597.13	153.49	.004	210.09	.64
RESTORATIVE DENTISTRY	1,162	2,440	132,397.75	54.26	.038	113.94	2.04
PROSTHETICS	42	43	1,212.50	28.20	.001	28.87	.02
DENTURES, STAYPLATES	262	619	81,602.33	131.83	.010	311.46	1.26
SPACE MAINTAINERS	9	12	1,000.00	83.33	.000	111.11	.02
MAXILLOFACIAL SERVICES	7	7	282.50	40.36	.000	40.36	.00
	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	35	39					
ORTHODONTIC SERVICES	35 73	39 74	3,355.00	86.03	.001	95.86	.05
ALL OTHER SERVICES	13	/ 4	446.25	6.03	.001	6.11	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,418 MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

							M	ON.T.	HLY AVERA	GE.	
64,960 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	529	1,359	\$	33,723.00	\$	24.81	.021	\$	63.75	\$.52
DIAGNOSTIC AND ANC. PROCED	339	369		15,100.67		40.92	.006		44.54		.23
EYE APPLIANCES	315	964		17,072.13		17.71	.015		54.20		.26
OTHER OPTOMETRIC SERVICES	30	26		1,550.20		59.62	.000		51.67		.02
@CHIROPRACTOR	19	47	\$	701.64	\$.001	Ċ	36.93	Ċ	.01
	13	39	۲	597.74	Ą	15.33	.001	۲	45.98	۲	.01
VISITS											
OTHER SERVICES	6	8	_	103.90	_	12.99	.000	_	17.32	_	.00
@PODIATRIST_	435	570	\$	• , • • • •	\$.009	Ş	23.37	Ş	.16
MEDICINE/INJECTIONS	230	259		7 , 095.62		27.40	.004		30.85		.11
SURGERY/ANES.	11	15		401.35		26.76	.000		36.49		.01
RADIO./PATHOLOGY	5	7		128.02		18.29	.000		25.60		.00
SURGERY/ANES. RADIO./PATHOLOGY OTHER CHOME HEALTH AGENCY	202	289		2,543.02		8.80	.004		12.59		.04
@HOME HEALTH AGENCY	176	2,138	\$		\$	45.10	.033	\$	547.91	\$	1.48
NURSE ANESTHESIST	0	, 0	\$.00	\$.00	.000	Ś	.00	Ś	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	2	2	\$		\$	40.00	.000	Š	40.00	Š	.00
FAMILY NURSE PRACTITIONER	19	47	\$		\$.001		31.71	Ċ	.01
@TOTAL HOSPITAL	7 , 356	34,540	\$			156.33	.532		734.03		83.12
	7,336	•	Ą					Ą		ې	65.67
HOSP INPATIENT TOTAL	120	2,717		4,266,152.36		1570.17 1538.17 1268.61	.042		5925.21		
HSC HOSPITALS	478	2,336		3,593,163.92		1538.17	.036		7517.08		55.31
NON-HSC HOSPITAL TOTAL	96	381		483,339.70		1268.61	.006		5034.79		7.44
ACCOMMODATIONS	94	381		153,280.15		402.31	.006		1630.64		2.36
ADMINISTRATIVE DAYS	8	13		2,832.87		217.91	.000		354.11		.04
TRANSITIONAL IP CARE	0 88 94	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	88	368		150,447.28		408.82	.006		1709.63		2.32
ANCILLARIES	94	0		330,059.55		.00	.000		3511.27		5.08
INPATIENT CROSSOVERS	179	0		189,648.74		.00	.000		1059.49		2.92
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6,898	31,823		1,133,407.65		35.62	.490		164.31		17.45
MEDICAL	1,591	2,610		106,418.88		40.77	.040		66.89		1.64
SURGERY	476	646		29,593.86		45.81	.010		62.17		.46
PATHOLOGY	1,823	8,627		108,918.25		12.63	.133		59.75		1.68
RADIOLOGY	1,753	2,838		254,479.52		89.67	.044		145.17		3.92
ROOM USE	3,321	4,423		174,310.04		39.41	.068		52.49		2.68
CROSSOVERS/ALL OTH OUTPTNT	3,452	12,679		459,687.10		36.26	.195		133.17		7.08
	117		Ś		Ċ	137.93		Ċ	623.65	Ċ	1.12
@COUNTY HOSPITAL TOTAL		529	Þ		Þ			Þ		Þ	
CO HOSPITAL INPATIENT TOTAL	12	61		60,501.39		991.83	.001		5041.78		.93
HSC HOSPITALS	11	52		56,866.50		1093.59	.001		5169.68		.88
NON-HSC HOSPITALS TOTAL	3	9		3,634.89		403.88	.000		1211.63		.06
ACCOMMODATIONS	3	9		2,081.70		231.30	.000		693.90		.03
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	9		2,081.70		231.30	.000		693.90		.03
ANCILLARIES	2	9		1,553.19		.00	.000		776.60		.02
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	109	468		12,465.51		26.64	.007		114.36		.19
MEDICAL	45	54		1,782.73		33.01	.001		39.62		.03
SURGERY	11	15		526.43		35.10	.000		47.86		.01
PATHOLOGY	39	221		3,216.61		14.55	.003		82.48		.05
TATHOHOGI	ي ي	221		J, Z10.01		17.00	.003		02.40		.00

03/14/05

----- MONTHLY AVERAGE -----

RADIOLOGY 22 43 2,620.15 60.93 .001 119.10 .04 81 52.20 ROOM USE 65 3,392.94 41.89 .001 .05 CROSSOVERS/ALL OTH OUTPTNT 29 54 926.65 17.16 .001 31.95 .01 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,419

03/14/05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

MARIN COUNTY	SUMMARY OF SER	VICES FOR CASH GRANT	- TOTAL					
					MON			
64,960 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				DST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	7,264	34,011 \$	5,326,593.11	\$ 156.61	.524 \$		\$	82.00
COMM HOSP INPATIENT TOTAL	710	2,656	4,205,650.97	1583.45	.041	5923.45		64.74
HSC HOSPITALS	468	2,284	3,536,297.42	1548.29	.035	7556.19		54.44
NON-HSC HOSPITALS TOTAL	93	372	479,704.81	1289.53	.006	5158.12		7.38
ACCOMMODATIONS	91	372	151,198.45	406.45	.006	1661.52		2.33
ADMINISTRATIVE DAYS	8	13	2,832.87	217.91	.000	354.11		.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	85	359	148,365.58	413.27	.006	1745.48		2.28
ANCILLARIES	92	0	328,506.36	.00	.000	3570.72		5.06
64,960 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	179	372 13 0 359 0 0 0 31,355 2,556	189,648.74	.00	.000	1059.49		2.92
ALL OTHER INPATTENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATTENT TOTAL	6 811	31 355	1,120,942.14	35.75	.483	164.58		17.26
MEDICAL	1 548	2 556	104,636.15	40.94	.039	67.59		1.61
SURGERY	165	631	29,067.43	46.07	.010	62.51		.45
PATHOLOGY	1 780	631 8,406	105,701.64	12.57	.129	59.08		1.63
DADTOLOCV	1,703	2,795	251,859.37	90.11	.043	145.33		3.88
ROOM USE	1,733 3,266	4,342	170,917.10	39.36	.067	52.33		2.63
CDOCCOVEDC / ALL OHI OUHDHAM	3,200		458,760.45	36.34	.194	133.91		7.06
CROSSOVERS/ALL OIR OUIPINI	3,420	12,625 158 \$	110,643.13	20.34		133.91	Ċ	1.70
USTATE HOSPITAL	6						Þ	
MENTALLY ILL	U	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	6	158	110,643.13	700.27	.002	18440.52	_	1.70
@NURSING FACILITY	611	17,193 \$, . ,	\$ 153.70		4325.11	Ş	40.68
RADIOLOGI ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	54	1,697	232,561.36	137.04	.026	4306.69		3.58
LEV B-SUBACUTE FREESTANDING	3	49	30,080.61	613.89	.001	10026.87		.46
LEV B-SUBACUTE HSPTL BASED	12	366	202,335.57	552.83	.006	16861.30		3.11
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	547	0 15 , 081	2,177,667.04	144.40	.232	3981.11		33.52
@INTERMEDIATE CARE FACILDD	218	7 , 344 \$	1,237,499.67	\$ 168.50	.113 \$	5676.60	\$	19.05
ICF DDH	218	7,344	1,235,890.59	168.29	.113	5669.22		19.03
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	1,609.08	.00	.000	.00		.02
@HEMODIALYSIS TOTAL	193	3,008 \$	195,788.22	\$ 65.09	.046 \$	1014.45	\$	3.01
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	193	3,008	195,788.22	65.09	.046	1014.45		3.01
@REHABILITATION FACILITY	103	1,238 \$	18,185.54	\$ 14.69		176.56	\$.28
HOSPITAL BASED	12	41	1,243.68	30.33	.001	103.64	·	.02
INDEPENDENT FACILITY	91	1,197	16,941.86	14.15	.018	186.17		.26
GIARORATORY FACTITTY	3 168	18,298 \$	175,522.57		.282 \$		Ś	2.70
PATHOLOGY	3,100	18,001	168,330.70	9.35	.277	55.19	Υ	2.59
XO AND OTHERS	133	297	7,191.87	24.22	.005	54.07		.11
ACCINENTS OF THE CITATE	7 910	13,738 \$	1,143,101.82	\$ 83.21	.211 \$		Ċ	17.60
@ORGANIZED OUTPATIENT CLINIC CLINIC	/ , 9±0 1 1 47	13,738 \$ 3,945	99,582.00	25.24	.211 \$	86.82	Y	1.53
SURGICENTER	37	3,945 41	6,382.55	155.67	.001	172.50		.10
	19	254			.001			.10
HEROIN DETOX CLINIC			2,910.14	11.46		153.17		
RURAL HEALTH CLINIC	6,851	9,498	1,034,227.13	108.89	.146	150.96	D 7 C	15.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES M	ONTH-OF-PAYMENT RI	LPORT FOR JAN	ZUU4 THKU DE	L 2004	PAG	GE 6,420

MAKIN COONII	SOMMANT OF SEN	VICES FOR CASH GRANT	IOIAL				
					MON		
64,960 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5 , 833	332,632 \$	1,531,250.16	\$ 4.60	5.121 \$	262.52	\$ 23.57
DURABLE MED. EQUIP.	434	1,881	185,503.29	98.62	.029	427.43	2.86
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	130	253	24,211.62	95.70	.004	186.24	.37
MEDICAL TRANSPORTATION	694	6,393	102,353.76	16.01	.098	147.48	1.58
AMBULANCES/AIR TRANS	618	5,909	91,567.06	15.50	.091	148.17	1.41
OTHER TRANS	36	301	1,227.08	4.08	.005	34.09	.02
OTHER SERVICES	59	183	9,559.62	52.24	.003	162.03	.15
ACUPUNCTURE	151	538	9,207.60	17.11	.008	60.98	.14
ADULT DAY HEALTH CARE CTR	284	4,041	276,197.99	68.35	.062	972.53	4.25
GENETIC DISEASE TESTING	14	14	1,470.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	594	6,805	295,134.53	43.37	.105	496.86	4.54
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	790	2,785	34,980.69	12.56	.043	44.28	.54
PHYSICAL THERAPIST	5	23	341.43	14.84	.000	68.29	.01
PORTABLE X-RAY	47	99	1,855.80	18.75	.002	39.49	.03
PROSTHETIST/ORTHOTISTS	61	245	34,434.09	140.55	.004	564.49	.53
PROSTHETICS	61	245	34,434.09	140.55	.004	564.49	.53
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	18	49	1,740.96	35.53	.001	96.72	.03
SPEECH AND AUDIOLOGY	704	3,159	127,781.40	40.45	.049	181.51	1.97
HOSPICE SERVICES	28	760	109,102.58	143.56	.012	3896.52	1.68
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	939	19,741	218,170.20	11.05	.304	232.34	3.36
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,441	285 , 846	108,764.22	.38	4.400	75.48	1.67
@CALIF. CHILDREN SERVICES*	419	9,033	\$ 3,411,112.44	\$ 377.63	.139	\$ 8141.08 \$	52.51
@XOVER EXCLUDING STATE HOSP**	5 , 297	42,015	\$ 758,886.43	\$ 18.06	.647	\$ 143.27 \$	11.68

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,421 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MOP024	FEE-FOR-SERVICE	C/DENTAL									03/14/	05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR	185% PF	ROGRAM -	INFANTS	AID	CODES 47	69				
								M	ruo:	HLY AVERAGE		
2,461 ELIGIBLES	USERS	UNITS OF	SERVICE	Ξ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	COST PER	
		OR DAYS	OF CARE	Ξ		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,666	4	,890	\$	562,117.39	\$	114.95	1.987	\$	337.41 \$	228.41	
@PHYSICIANS SERVICES	387		782	\$	31,453.77	\$	40.22	.318	\$	81.28 \$	12.78	
OUTPATIENT VISITS	274		371		14,954.15		40.31	.151		54.58	6.08	
OFFICE VISITS	106		159		5,042.12		31.71	.065		47.57	2.05	
HOME VISITS	0		0		.00		.00	.000		.00	.00	
EMERGENCY ROOM	168		195		9,433.63		48.38	.079		56.15	3.83	
PREVENTIVE CARE	3		3		92.05		30.68	.001		30.68	.04	
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	.00	
OTHER OUTPATIENT	13		14		386.35		27.60	.006		29.72	.16	
INPATIENT VISITS	24		117		8,826.20		75.44	.048		367.76	3.59	
HOSPITAL VISITS	24		98		4,687.87		47.84	.040		195.33	1.90	
CRITICAL CARE	5		19		4,138.33		217.81	.008		827.67	1.68	
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00	
OPHTHALMOLOGICAL SERVICES	7		9		375.74		41.75	.004		53.68	.15	
EXAMINATIONS	7		9		375.74		41.75	.004		53.68	.15	
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	.00	
INPATIENT HOSPITAL SURGERY	8		38		1,239.81		32.63	.015		154.98	.50	
PRINCIPAL SURGEON	6		7		382.89		54.70	.003		63.82	.16	
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00	
ANESTHESIOLOGIST	4		31		856.92		27.64	.013		214.23	.35	
OUTPATIENT SURGERY	16		24		1,784.87		74.37	.010		111.55	.73	
PRINCIPAL SURGEON	14		14		1,492.90		106.64	.006		106.64	.61	
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00	
ANESTHESIOLOGIST	2		10		291.97		29.20	.004		145.99	.12	
DIALYSIS	0		0		.00		.00	.000		.00	.00	
PATHOLOGY	10		13		81.27		6.25	.005		8.13	.03	
RADIOLOGY	93		113		1,684.65		14.91	.046		18.11	.68	
PSYCHIATRY	0		0		.00		.00	.000		.00	.00	
IMMUNIZATION AND INJECTION	2		1		35.88CR	3	35.88CR			17.94CR	.01	
OTHER SERVICES/ALL X-OVERS	59		96		2,542.96		26.49	.039		43.10	1.03	
@PHARMACY	487	1	,032	Ś	42,091.73	\$	40.79	.419	Ś	86.43 \$		
PRESCRIPTION DRUGS	479		846	·	36,093.87		42.66	.344		75.35	14.67	
SNF/ICF	1		2		1,892.49		946.25	.001		1892.49	.77	
OUTPATIENTS	478		844		34,201.38		40.52	.343		71.55	13.90	
MEDICAL SUPPLIES	12		186		5,997.86		32.25	.076		499.82	2.44	
@DENTIST	2		2	\$.00	\$.00	.001	Ś	.00 \$		
VISITS - DIAGNOSTIC	2		2	т	.00	Τ	.00	.001	т	.00	.00	
ORAL SURGERY	0		0		.00		.00	.000		.00	.00	
DRUGS	0		0		.00		.00	.000		.00	.00	
ANESTHESIA	0		0		.00		.00	.000		.00	.00	
PERIODONTICS	0		0		.00		.00	.000		.00	.00	
ENDODONTICS	0		0		.00		.00	.000		.00	.00	
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00	.00	
PROSTHETICS	0		0		.00		.00	.000		.00	.00	
1100111111100	9		9		• • • •		• • • •	• 0 0 0		• 0 0	.00	

DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		.00
ALL OTHER SERVICES	•	•					.000			_	
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	S MONTH	H-OF-PAYMENT RE	EPORI	L'FOR JAN 2	004 THRU	DEC	2004	Ρ.	AGE 6,422
MOP024	FEE-FOR-SERVICE/										03/14/05
MARIN COUNTY	SUMMARY OF SERVI	CES FOR 185% PROG	GRAM -	INFANTS	AII	CODES 47	69				
							M	ONT	HLY AVERA	GΕ	
2,461 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	'	.00		.00	.000		.00		.00
EYE APPLIANCES	0	Õ		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
	0		÷		Ċ			Ċ		Ċ	
@CHIROPRACTOR	U	,	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	Ü	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0		\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	Ō		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	8		\$	951.07	\$	63.40	.006	Ś	118.88	\$.39
NURSE ANESTHESIST	0		\$.00	\$.00	.000	\$.00	Ś	.00
	0	0 \$			\$					\$.00
NURSE MIDWIFE	•			.00	۶	.00	.000	\$.00		
PEDIATRIC NURSE PRACTITIONER		0 \$	\$ •	.00	Ş	.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	Ş	.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	281	843 \$	\$		\$	280.97	.343	\$	842.92	\$	96.25
HOSP INPATIENT TOTAL	26	125		213,874.00		1710.99	.051		8225.92		86.91
HSC HOSPITALS	26	125		213,874.00		1710.99	.051		8225.92		86.91
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ö		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0									
INPATIENT CROSSOVERS	•	•		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	266	718		22,985.53		32.01	.292		86.41		9.34
MEDICAL	29	39		2,209.98		56.67	.016		76.21		.90
SURGERY	4	7		632.09		90.30	.003		158.02		.26
PATHOLOGY	71	274		2,974.63		10.86	.111		41.90		1.21
RADIOLOGY	85	104		7,225.05		69.47	.042		85.00		2.94
ROOM USE	183	208		7,611.97		36.60	.085		41.60		3.09
CROSSOVERS/ALL OTH OUTPTNT		86		2,331.81		27.11	.035		40.20		.95
@COUNTY HOSPITAL TOTAL	0	0 \$	¢	.00	\$.00	.000	Ġ	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL		0	Υ	.00	Y	.00	.000	Y	.00	Y	.00
	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS											
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MONI	TH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE 6,423
MOP024	FEE-FOR-SERVICE	/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 185% PRO	OGRAM -	- INFANTS	AID CODES 47	69		
						MONT		
2,461 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
_		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
	281	843	\$	236,859.53	\$ 280.97	·	842.92	•
COMM HOSP INPATIENT TOTAL	26	125		213,874.00	1710.99	.051	8225.92	86.91
HSC HOSPITALS	26	125		213,874.00	1710.99	.051	8225.92	86.91
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	266	718		22,985.53	32.01	.292	86.41	9.34
MEDICAL	29	39		2,209.98	56.67	.016	76.21	.90
SURGERY	4	7		632.09	90.30	.003	158.02	.26
PATHOLOGY	71	274		2,974.63	10.86	.111	41.90	1.21
RADIOLOGY	85	104		7,225.05	69.47	.042	85.00	2.94
ROOM USE	183	208		7,611.97	36.60	.085	41.60	3.09
CROSSOVERS/ALL OTH OUTPTNT	58	86		2,331.81	27.11	.035	40.20	.95
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	•
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$		\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	•
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	22	\$	308.55	\$ 14.03	.009 \$	308.55	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	22		308.55	14.03	.009	308.55	.13
@LABORATORY FACILITY	21	32	\$	371.00	\$ 11.59	.013 \$	17.67	
PATHOLOGY	21	32		371.00	11.59	.013	17.67	.15
XO AND OTHERS	0	0		.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	•	•	244,322.20		.797 \$		
CLINIC	0	0		.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,188	1,962	244,322.20	124.53	.797	205.66	99.28
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON					
	FEE-FOR-SERVICE						03/14/05
MARIN COUNTY		ICES FOR 185% PROGRAM	- INFANTS	AID CODES 4	7 69		
1111(111 0001(11	50111111111 01 52111	1020 1011 1000 1110011111		1112 00220 1	MON'	THLY AVERA	GE
2,461 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
·		OR DAYS OF CARE	EVERNOTIONES	PER UNIT/DAY			ELIGIBLE
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	2.5		E 7E0 E4			164.56	
CALL OTHER PROVIDERS	33	2.2	5,759.54	\$ 28.80			
DURABLE MED. EQUIP.	13	22	1,208.58		.009	92.97	.49
BLOOD BANK	Ü	22 0 0 168	.00		.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00 .00 13.33	.000	.00 149.34	.00
MEDICAL TRANSPORTATION	15	168	2,240.13	10.00		149.34	
AMBULANCES/AIR TRANS	15	168	2,240.13	13.33	.068	149.34 .00 .00	.91
OTHER TRANS	0	Λ	0.0	0.0	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00		.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0 0 0 0	.00			.00	.00
THMC MODEL-NE NE AIDS MSSP	0	0	.00		.000	.00	.00
OCCUPATIONAL TURDADICT	0	0	.00		.000	.00	.00
ODDICIAN	1	1	1 475 00	1475 00	.000	.00 1475.00	.60
OPIICIAN	1	0	1,473.00	1475.00			
PHYSICAL THERAPIST	0	0				.00	.00
PORTABLE X-RAY	Ü	0	.00		.000	.00 154.54	.00
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	5	7	772.69		.003	154.54	.31
PROSTHETICS	5	7	772.69			154.54	.31
ORTHOTICS	0	0	.00		.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	63.14	31.57	.001	63.14	.03
HOSPICE SERVICES	0	0	.00	.00	.000	63.14	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		. 000	.00	.00
RESPIRATORY CARE PRACT	0	0	.00		.000	.00	.00
DED SIBACITE REHAB/WEANING	0	0	.00		.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
THE CITER TROVEDERS	•	211 \$.00	.00	000.		
@CALIF. CHILDREN SERVICES*		0 \$.00 56,562.68 .00	\$ 200.07	φ σου.	2828.13	
@XOVER EXCLUDING STATE HOSP**				\$.00	.000 \$.00	\$.00
0* TOTALS IN THESE LINES ARE							
THE AMOUNTS ARE ALREADY IN			ABOVE.				
** THESE DATA ARE INCLUDED 1							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DEC	2004	•
MOP024	FEE-FOR-SERVICE						03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- PREGNANT A	AID CODES 44 48	3 49		
					MON'	THLY AVERA	GE
2,608 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	r units/days	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,357	23,453 \$	1,739,752.80		8.993 \$	738.12	
@PHYSICIANS SERVICES	842	2,784 \$	196,503.57	•	1.067 \$		
OUTPATIENT VISITS	147	175	11,673.54		.067	79.41	4.48
OFFICE VISITS	47	54	3,032.35		.021	64.52	1.16
	0	0	•		.000	.00	.00
HOME VISITS EMERGENCY ROOM	86	99	.00 6,207.22		.038	72.18	
EMERGENCI KOOM	00	99	0,201.22	02.70	.030	/∠.⊥8	2.38

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	18	22	2,433.97	110.64	.008	135.22	.93
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	80	172	9,100.63	52.91	.066	113.76	3.49
HOSPITAL VISITS	80	155	6,932.80	44.73	.059	86.66	2.66
CRITICAL CARE	6	17	2,167.83	127.52	.007	361.31	.83
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	116	839	48,434.43	57.73	.322	417.54	18.57
PRINCIPAL SURGEON	49	55	27,744.94	504.45	.021	566.22	10.64
ASSISTANT SURGEON	7	7	1,639.10	234.16	.003	234.16	.63
ANESTHESIOLOGIST	70	777	19,050.39	24.52	.298	272.15	7.30
OUTPATIENT SURGERY	291	542	97,955.82	180.73	.208	336.62	37.56
PRINCIPAL SURGEON	279	423	94,689.91	223.85	.162	339.39	36.31
ASSISTANT SURGEON	2	2	293.72	146.86	.001	146.86	.11
ANESTHESIOLOGIST	16	117	2,972.19	25.40	.045	185.76	1.14
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	37	213.92	5.78	.014	19.45	.08
RADIOLOGY	443	596	17,877.37	30.00	.229	40.36	6.85
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	6	50.85	8.48	.002	12.71	.02
OTHER SERVICES/ALL X-OVERS	195	417	11,197.01	26.85	.160	57.42	4.29
@PHARMACY	612	1,517	\$ 55,028.33	\$ 36.27	.582	\$ 89.92	\$ 21.10
PRESCRIPTION DRUGS	574	1,268	31,303.51	24.69	.486	54.54	12.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	574	1,268	31,303.51	24.69	.486	54.54	12.00
MEDICAL SUPPLIES	114	249	23,724.82	95.28	.095	208.11	9.10
@DENTIST	16	42	\$ 412.50	\$ 9.82	.016	\$ 25.78	\$.16
VISITS - DIAGNOSTIC	14	29	412.50	14.22	.011	29.46	.16
ORAL SURGERY	3	7	.00	.00	.003	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	.00	.00	.001	.00	.00
ENDODONTICS	_ 1	_ 1	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0					.00
DENTURES, STAYPLATES	0	U	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	3	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M					PAGE 6,426
MOP024	FEE-FOR-SERVICE		OIVIII OI IIIIIIIIII KE	TOIKI TOIK OIIIV A	LOOI IIIKO DEK	2001	03/14/05
MARIN COUNTY		ICES FOR 185% PROGRA	M - DDECNAME AT	D CODES 44 48	10		03/14/03
MARIN COUNTY	SUMMARI OF SERV	TCES FOR 103% PROGRA	M - PREGNANI AI	.D CODES 44 40			CE
					MONT		
2,608 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	
VISITS	0	0	.00	.00	.000	.00	·
	0	· ·					.00
OTHER SERVICES	U	0	.00	.00	.000	.00	.00
@PODIATRIST_	O	0 \$.00	\$.00	.000 \$.00	·
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	176	228 \$	12,076.81	\$ 52.97	.087 \$	68.62	
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	16	186 \$	5,005.58	•	.071 \$	312.85	\$ 1.92
				•			•
PEDIATRIC NURSE PRACTITIONER	•	0 \$.00	\$.00	.000 \$.00	, , , , , , , , , , , , , , , , , , , ,
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	611	2,416 \$	1,140,351.50	\$ 472.00	.926 \$	1866.37	
HOSP INPATIENT TOTAL	234	664	1,090,432.36	1642.22	.255	4659.97	418.11
HSC HOSPITALS	221	611	1,027,980.73	1682.46	.234	4651.50	394.16
NON-HSC HOSPITAL TOTAL	14	53	62,451.63	1178.33	.020	4460.83	23.95
ACCOMMODATIONS	14	53	26,935.41	508.22	.020	1923.96	10.33
ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.002	1156.50	.44
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	48	25 , 778.91	537.06	.018	1982.99	9.88
		0					
ANCILLARIES	14	· ·	35,516.22	.00	.000	2536.87	13.62
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	514	1,752	49,919.14	28.49	.672	97.12	19.14
MEDICAL	60	83	2,880.94	34.71	.032	48.02	1.10
SURGERY	91	252	5,087.39	20.19	.097	55.91	1.95
PATHOLOGY	166	672	6,853.78	10.20	.258	41.29	2.63
RADIOLOGY	227	267	18,902.15	70.79	.102	83.27	7.25
ROOM USE	146	182	8,036.82	44.16	.070	55.05	3.08
			•				
CROSSOVERS/ALL OTH OUTPINT		296	8,158.06	27.56	.113	38.85	3.13
@COUNTY HOSPITAL TOTAL	5	73 \$	4,590.82	\$ 62.89	.028 \$	918.16	
CO HOSPITAL INPATIENT TOTAL		3	2,370.00	790.00	.001	2370.00	.91
HSC HOSPITALS	1	3	2,370.00	790.00	.001	2370.00	.91

NON HOO HOODIERIO EOERI	0	0		0.0	0.0	0.00	0.0		0.0
NON-HSC HOSPITALS TOTAL	U	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	U	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	4	70		2,220.82	31.73	.027	555.21		.85
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	3	7		189.21	27.03	.003	63.07		.07
PATHOLOGY	4	32		629.23	19.66	.012	157.31		.24
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	4	12		778.71	64.89	.005	194.68		.30
CROSSOVERS/ALL OTH OUTPINT	4	19		623.67	32.82	.007	155.92		.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	JRES MOI	NTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DE	C 2004	P	AGE 6,427
MOP024	FEE-FOR-SERVICE	C/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 185% F	PROGRAM	- PREGNANT A	AID CODES 44 4	8 49			
						MON		-	
2,608 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES		T UNITS/DAYS			COST PER
		OR DAYS OF CAR	RΕ		PER UNIT/DA		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	606	2,343	\$	1,135,760.68	\$ 484.75	.898 \$	1874.19	\$	435.49
COMM HOSP INPATIENT TOTAL	233	661		1,088,062.36	1646.09	.253	4669.80		417.20
HSC HOSPITALS	220	608		1,025,610.73	1686.86	.233	4661.87		393.26
NON-HSC HOSPITALS TOTAL	14	53		62,451.63	1178.33	.020	4460.83		23.95
ACCOMMODATIONS	14	53		26,935.41	1686.86 1178.33 508.22	.020	1923.96		10.33
ADMINISTRATIVE DAYS	1	5		1,156.50	231.30	.002	1156.50		.44
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	13	48		25 , 778.91	537.06	.018	1982.99		9.88
ANCILLARIES	14	0		35,516.22	.00	.000	2536.87		13.62
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	510	1,682		47,698.32	28.36	.645	93.53		18.29
MEDICAL	60	83		2,880.94	34.71	.032	48.02		1.10
SURGERY	88	245		4,898.18	19.99	.094	55.66		1.88
PATHOLOGY	162	640		6,224.55	9.73	.245	38.42		2.39
RADIOLOGY	227	267		18,902.15	70.79	.102	83.27		7.25
ROOM USE	142	170		7,258.11	42.69	.065	51.11		2.78
CROSSOVERS/ALL OTH OUTPINT	206	277		7,534.39	27.20	.106	36.57		2.89
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	Ô	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$		\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
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@REHABILITATION FACILITY	0	0 0 2,286 2,286	\$.00	\$.00	.000		.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY PATHOLOGY XO AND OTHERS	863	2,286	\$	33,061.94			.877	\$	38.31	\$	
PATHOLOGY	863	2,286		33,061.94		14.46	.877		38.31		12.68
XO AND OTHERS	0	0		.00 279,255.52 190,121.37		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,623	13,774	\$	279 , 255.52	\$	20.27	5.281	\$	172.06	\$	
CLINIC	1,451	13,097		190,121.37		14.52	5.022		131.03		72.90
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	275	677		89,134.15					324.12		34.18
#CALIF DEPT OF HEALTH SERV			JRES MO	NTH-OF-PAYMENT R	REPORT	' FOR JAN	2004 THRU	DEC	2004	PF	
	FEE-FOR-SERVICE										03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 185% E	PROGRAM	- PREGNANT A	ID CC	DES 44 48					
							N				
2,608 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES					COST PER		COST PER
		OR DAYS OF CAF					PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	162	220	\$	18,057.05			.084		111.46		
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	0	220 0 0 0 59 59 0 0 0 148 0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00 693.23		.00	.000		.00		.00
MEDICAL TRANSPORTATION	6	59		693.23		11.75	.023		.00 115.54 115.54		.27
AMBULANCES/AIR TRANS	6	59		693.23		11.75	.023		115.54		.27
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0 147	148		15,420.00		104.19	.057		.00 .00 104.90 .00		5.91
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00 .00 .00 .00 .00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00 837.14		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	9	12		837.14		69.76	.005		93.02		.32
PROSTHETICS	9	12		837.14		69.76	.005		93.02		.32
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	. () () ()		. () ()		.00
NONINST BIRTHING CENTERS	1	1		1,106.68		1106.68	.000		1106.68		.42
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000				.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000				.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING		0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	U		• 0 0							.00
@CALIF. CHILDREN SERVICES*	0	0		.00		.00			.00		.00
	0 0 6	0 95	\$		\$.000		.00 5470.59	\$	12.59
@XOVER EXCLUDING STATE HOSP**	0 0 6 0	0	\$ \$.00 32,823.56		.00	.000	\$			12.59
@XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE	-	0 95 0	\$ \$.00 32,823.56 .00		.00 345.51	.000	\$	5470.59		12.59
	GIVEN AS A SEPAR	0 95 0 ATE INFORMATION	\$ \$ ITEM O	.00 32,823.56 .00 NLY;		.00 345.51	.000	\$	5470.59		12.59
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR CLUDED IN THE AF	0 95 0 ATE INFORMATION PROPRIATE DETAII	\$ \$ ITEM O LLINES	.00 32,823.56 .00 NLY;		.00 345.51	.000	\$	5470.59		12.59
<pre>@* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN</pre>	GIVEN AS A SEPAR CLUDED IN THE AF N THE APPROPRIAT	0 95 0 ATE INFORMATION PROPRIATE DETAII E DETAIL LINES <i>F</i>	\$ \$ ITEM O LINES	.00 32,823.56 .00 NLY;	\$.00 345.51 .00	.000 .036 .000	\$ \$	5470.59	\$	12.59
<pre>@* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN ** THESE DATA ARE INCLUDED IT</pre>	GIVEN AS A SEPAR CLUDED IN THE AF N THE APPROPRIAT	0 95 0 ATE INFORMATION PROPRIATE DETAIL E DETAIL LINES F ES AND EXPENDITU	\$ \$ ITEM O LINES	.00 32,823.56 .00 NLY; ABOVE.	\$.00 345.51 .00	.000 .036 .000	\$ \$	5470.59	\$	12.59 .00
<pre>@* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN ** THESE DATA ARE INCLUDED IT #CALIF DEPT OF HEALTH SERV</pre>	GIVEN AS A SEPAR CLUDED IN THE AF N THE APPROPRIAT MEDI-CAL SERVIC FEE-FOR-SERVICE	0 95 0 ATE INFORMATION PROPRIATE DETAIL E DETAIL LINES F ES AND EXPENDITU	\$ \$ ITEM O LINES ABOVE. JRES MO	.00 32,823.56 .00 NLY; ABOVE. NTH-OF-PAYMENT R	\$.00 345.51 .00	.000 .036 .000	\$ \$	5470.59	\$	12.59 .00 AGE 6,429
<pre>@* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN ** THESE DATA ARE INCLUDED IT #CALIF DEPT OF HEALTH SERV MOP024</pre>	GIVEN AS A SEPAR CLUDED IN THE AF N THE APPROPRIAT MEDI-CAL SERVIC FEE-FOR-SERVICE	0 95 0 ATE INFORMATION PROPRIATE DETAIL E DETAIL LINES F ES AND EXPENDITU / DENTAL	\$ \$ ITEM O LINES ABOVE. JRES MO	.00 32,823.56 .00 NLY; ABOVE. NTH-OF-PAYMENT R	\$.00 345.51 .00	.000 .036 .000	\$ \$ DEC	5470.59 .00 2004	\$ P <i>F</i>	12.59 .00 AGE 6,429 03/14/05

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	65	320	\$	24,603.47	\$	76.89	18.824	Ś	378.51	S	1447.26
@PHYSICIANS SERVICES	19	72	\$	4,484.97	\$	62.29	4.235		236.05		263.82
OUTPATIENT VISITS	5	5	۲	222.30	Y	44.46	.294	٧	44.46	Y	13.08
OFFICE VISITS	2	2		41.00		20.50	.118		20.50		2.41
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	3	3		181.30		60.43	.176		60.43		10.66
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		
	0	0									.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	•		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	8	51		1,728.23		33.89	3.000		216.03		101.66
PRINCIPAL SURGEON	1	1		390.18		390.18	.059		390.18		22.95
ASSISTANT SURGEON	1	1		186.50		186.50	.059		186.50		10.97
ANESTHESIOLOGIST	6	49		1,151.55		23.50	2.882		191.93		67.74
OUTPATIENT SURGERY	5	9		2,370.68		263.41	.529		474.14		139.45
PRINCIPAL SURGEON	4	4		2,177.56		544.39	.235		544.39		128.09
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	5		193.12		38.62	.294		193.12		11.36
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		6.46		6.46	.059		6.46		.38
RADIOLOGY	1	1		27.06		27.06	.059		27.06		1.59
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	4	5		130.24		26.05	.294		32.56		7.66
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MC	ONTH-OF-PAYMENT R	EPORI	FOR JAN	2004 THRU	DEC	2004	P.	AGE 6,430
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 60-DAY	POST	PARTUM PROGRAM		AID CODE					
							M				
17 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	9	\$ 494.82	\$ 54.98	.529	\$ 82.47	\$ 29.11
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	7	\$ 58.87	\$ 8.41	.412	\$ 58.87	\$ 3.46
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9	23	\$ 13,168.99	\$ 572.56	1.353	\$ 1463.22	\$ 774.65
HOSP INPATIENT TOTAL	3	8	12,800.04	1600.01	.471	4266.68	752.94
HSC HOSPITALS	3	8	12,800.04	1600.01	.471	4266.68	752.94
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	15	368.95	24.60	.882	52.71	21.70
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	6	62.26	10.38	.353	31.13	3.66

RADIOLOGY	2	2	71.23	35.62	.118	35.62	4.19
ROOM USE	2	2	66.00	33.00	.118	33.00	3.88
CROSSOVERS/ALL OTH OUTPTNT	5	5	169.46	33.89	.294	33.89	9.97
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	004 THRU DEC	2004	PAGE 6,431
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	60-DAY P	OST PARTUM PROGRAM	AID CODE			
					MONT	HLY AVERAG	E

					MC	NTHLY AVERA	ŒĔ	
17 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	23	\$ 13,168.99	\$ 572.56	1.353	\$ 1463.22	\$	774.65
COMM HOSP INPATIENT TOTAL	3	8	12,800.04	1600.01	.471	4266.68		752.94
HSC HOSPITALS	3	8	12,800.04	1600.01	.471	4266.68		752.94
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	7	15	368.95	24.60	.882	52.71		21.70
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	2	6	62.26	10.38	.353	31.13		3.66
RADIOLOGY	2	2	71.23	35.62	.118	35.62		4.19
ROOM USE	2	2	66.00	33.00	.118	33.00		3.88
CROSSOVERS/ALL OTH OUTPTNT	5	5	169.46	33.89	.294	33.89		9.97
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00)	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	Ō	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	'	.00		.00	.000	'	.00	'	.00
HEMODIALYSIS CENTER	0	Ō		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00		.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000	•	.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	16	42	\$	963.77	7 \$	22.95	2.471	\$	60.24	\$	56.69
PATHOLOGY	16	42		963.77	7	22.95	2.471		60.24		56.69
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	36	167	\$	5,432.05	\$	32.53	9.824	\$	150.89	\$	319.53
CLINIC	31	142		2,241.13	3	15.78	8.353		72.29		131.83
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	6	25		3,190.92	2	127.64	1.471		531.82		187.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	RES MONTH-OF	-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC :	2004	PI	AGE 6,432
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	R 60-DAY	POST PARTUM	PROGRAM		AID CODE	76				
							M	ONTH:	LY AVERA	GE -	

						IILI AVEKAGE	
17 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,433 MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

MARIN COUNTY	SUMMARY OF SERV	VICES FOR 185% AN	טט עו	-DAY PP TOTAL, COI	DES 44 4/ 48 4	9 69 /6	אמתווד ע אינותוא	CE	
E OOC ELICIPIES	HOEDO	INTER OF CERTIFICE	,	EVDENDIBLIDEC	ATTERACE COOR		NTHLY AVERA		
5,086 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST ELIGI	
	4 000	OR DAYS OF CARE		2 226 472 66	PER UNIT/DAY		USER	_	
@TOTAL, ALL PROVIDERS	4,088	28,663	\$	2,326,473.66	\$ 81.17	5.636			
@PHYSICIANS SERVICES	1,248	3,638	\$	232,442.31	\$ 63.89	.715			.70
OUTPATIENT VISITS	426	551		26,849.99	48.73	.108	63.03		.28
OFFICE VISITS	155	215		8,115.47	37.75	.042	52.36		.60
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	257	297		15 , 822.15	53.27	.058	61.56		.11
PREVENTIVE CARE	3	3		92.05	30.68	.001	30.68		.02
OB VISITS/COMPRE PERI	18	22		2,433.97	110.64	.004	135.22		.48
OTHER OUTPATIENT	13	14		386.35	27.60	.003	29.72		.08
INPATIENT VISITS	104	289		17,926.83	62.03	.057	172.37	3	.52
HOSPITAL VISITS	104	253		11,620.67	45.93	.050	111.74	2	.28
CRITICAL CARE	11	36		6,306.16	175.17	.007	573.29	1	.24
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	7	9		375.74	41.75	.002	53.68		.07
EXAMINATIONS	7	9		375.74	41.75	.002	53.68		.07
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	132	928		51,402.47	55.39	.182	389.41		.11
PRINCIPAL SURGEON	56	63		28,518.01	452.67	.012	509.25		.61
	8	8			228.20	.002	228.20		.36
ASSISTANT SURGEON	80			1,825.60					
ANESTHESIOLOGIST		857		21,058.86	24.57	.169	263.24		.14
OUTPATIENT SURGERY	312	575		102,111.37	177.58	.113	327.28		.08
PRINCIPAL SURGEON	297	441		98,360.37	223.04	.087	331.18		.34
ASSISTANT SURGEON	2	2		293.72	146.86	.000	146.86		.06
ANESTHESIOLOGIST	19	132		3,457.28	26.19	.026	181.96		.68
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	22	51		301.65	5.91	.010	13.71		.06
RADIOLOGY	537	710		19,589.08	27.59	.140	36.48		.85
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	6	7		14.97	2.14	.001	2.50		.00
OTHER SERVICES/ALL X-OVERS	258	518		13,870.21	26.78	.102	53.76	2	.73
@PHARMACY	1,099	2,549	\$	97,120.06	\$ 38.10	.501	\$ 88.37	\$ 19	.10
PRESCRIPTION DRUGS	1,053	2,114		67,397.38	31.88	.416	64.01	13	.25
SNF/ICF	. 1	. 2		1,892.49	946.25	.000	1892.49		.37
OUTPATIENTS	1,052	2,112		65,504.89	31.02	.415	62.27		.88
MEDICAL SUPPLIES	126	435		29,722.68	68.33	.086	235.89		.84
@DENTIST	18	44	\$	412.50	\$ 9.38	.009			.08
VISITS - DIAGNOSTIC	16	31	Ψ	412.50	13.31	.006	25.78		.08
ORAL SURGERY	3	7		.00	.00	.001	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
	2				.00		.00		.00
PERIODONTICS		2		.00		.000			
ENDODONTICS	1	1		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	3		.00	.00	.001	.00		.00

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,434 MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY	SUMMARY OF SERVICES FOR	185% AND 60-DAY PP TOTAL,	CODES 44 47 48 49 69 76
IIII(III OOOI(II	DOINTHAL OF DELIVIOUS FOR	1000 IND OU BILL IT TOTAL,	00000 11 17 10 19 09 70

MARIN COUNTY	SUMMARY OF SERV	/ICES FOR 185% Af	ND 60	-DAY PP TOTAL, COL	DES 44 4	/ 48 49		ONTH.	III V 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	CE	
E OOC ELICIPIES	HOEDO	INTEG OF CEDITO	,	EXPENDIBLEC	317ED 3 C	E COCE	M			.GĽ	
5,086 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES			UNITS/DAY PER ELIG		USER		COST PER ELIGIBLE
@OPTOMETRIST	0	OR DAIS OF CAR	\$.00	S S					\$.00
•	0	0	Ą	.00	Ą	.00	.000	Ą	.00	ې	.00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
	0	0					.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	\$.00	\$.00		ċ	.00	ċ	.00
@CHIROPRACTOR	0	0	Ą	.00	Ą	.00	.000	Ą	.00	ې	.00
VISITS	0	0		.00		.00	.000				.00
OTHER SERVICES	0	0	\$.00	ć	.00		ċ	.00	<u>_</u>	.00
@PODIATRIST	0	0	P	.00	\$.00	.000	Ş		Ş	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0									
RADIO./PATHOLOGY	0			.00		.00	.000		.00		.00
OTHER	•	0	<u> </u>	.00	â F	.00	.000	<u> </u>	.00	<u>^</u>	.00
@HOME HEALTH AGENCY	190	252	\$	-,	•	3.66	.050		71.17		2.66
NURSE ANESTHESIST	0	0	Ş		\$.00		\$.00	\$.00
NURSE MIDWIFE	17	193	\$			6.24		\$	297.91	\$	1.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	901	3,282	\$		\$ 423			Ş	1543.15	\$	273.37
HOSP INPATIENT TOTAL	263	797		1,317,106.40	165		.157		5008.01		258.97
HSC HOSPITALS	250	744		1,254,654.77		6.36	.146		5018.62		246.69
NON-HSC HOSPITAL TOTAL	14	53		62,451.63		8.33	.010		4460.83		12.28
ACCOMMODATIONS	14	53		26,935.41	50		.010		1923.96		5.30
ADMINISTRATIVE DAYS	1	5		1,156.50	23.	1.30	.001		1156.50		.23
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	13	48		25,778.91	53	7.06	.009		1982.99		5.07
ANCILLARIES	14	0		35,516.22		.00	.000		2536.87		6.98
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	0	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	787	2,485		73,273.62		9.49	.489		93.10		14.41
MEDICAL	89	122		5,090.92		1.73	.024		57.20		1.00
SURGERY	95	259		5,719.48		2.08	.051		60.21		1.12
PATHOLOGY	239	952		9,890.67		0.39	.187		41.38		1.94
RADIOLOGY	314	373		26,198.43		0.24	.073		83.43		5.15
ROOM USE	331	392		15,714.79		0.09	.077		47.48		3.09
CROSSOVERS/ALL OTH OUTPINT		387		10,659.33		7.54	.076		39.05		2.10
@COUNTY HOSPITAL TOTAL	5	73	\$	4,590.82	\$ 63	2.89	.014	Ş	918.16	Ş	.90
CO HOSPITAL INPATIENT TOTAL		3		2,370.00		0.00	.001		2370.00		.47
HSC HOSPITALS	1	3		2,370.00	/91	0.00	.001		2370.00		.47
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	-	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	70		2,220.82	3:	1.73	.014		555.21		.44
MEDICAL	0	0		.00	-	.00	.000		.00		.00
SURGERY	3	7		189.21		7.03	.001		63.07		.04
PATHOLOGY	4	32		629.23	1	9.66	.006		157.31		.12

03/14/05

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	12	778.71	64.89	.002	194.68	.15
CROSSOVERS/ALL OTH OUTPTNT	4	19	623.67	32.82	.004	155.92	.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN 2004	THRU DEC	2004	PAGE 6,435
MOP024	FEE-FOR-SERVICE/DENTAL	L					03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FO	OR 185% AND 60	O-DAY PP TOTAL, CODES 44	47 48 49 69	76		

					MC	NTHLY AVERA	AGE	
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	OST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ΕI	LIGIBLE
896	3,209	\$	1,385,789.20	\$ 431.84	.631	\$ 1546.64	\$	272.47
262	794		1,314,736.40	1655.84	.156	5018.08		258.50
249	741		1,252,284.77	1689.99	.146	5029.26		246.22
14	53		62,451.63	1178.33	.010	4460.83		12.28
14	53		26,935.41	508.22	.010	1923.96		5.30
1	5		1,156.50	231.30	.001	1156.50		.23
0	0		.00	.00	.000	.00		.00
13	48		25 , 778.91	537.06	.009	1982.99		5.07
14	0		35,516.22	.00	.000	2536.87		6.98
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
783	2,415		71,052.80	29.42	.475	90.74		13.97
89	122		5,090.92	41.73	.024	57.20		1.00
92	252		5,530.27	21.95	.050	60.11		1.09
235	920		9,261.44	10.07	.181	39.41		1.82
314	373		26,198.43	70.24	.073	83.43		5.15
327	380		14,936.08	39.31	.075	45.68		2.94
Γ 269	368		10,035.66	27.27	.072	37.31		1.97
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00	.00	.000	.00		.00
	896 262 249 14 14 1 0 13 14 0 0 783 89 92 235 314 327	OR DAYS OF CARE 896 3,209 262 794 249 741 14 53 14 53 1 5 0 0 13 48 14 0 0 0 0 783 2,415 89 122 92 252 235 920 314 373 327 380	OR DAYS OF CARE 896 3,209 \$ 262 794 249 741 14 53 14 53 1 5 0 0 0 13 48 14 0 0 0 0 783 2,415 89 122 92 252 235 920 314 373 327 380	OR DAYS OF CARE 896 3,209 262 794 1,314,736.40 249 741 1,252,284.77 14 53 62,451.63 14 53 26,935.41 1 5 1,156.50 0 0 0 0 13 48 25,778.91 14 0 35,516.22 0 0 0 0 0 0 0 783 2,415 71,052.80 89 122 92 252 92 252 92 252 5,530.27 235 920 9,261.44 314 373 327 380 314,936.08 327 380 314,936.08 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 896 3,209 1,385,789.20 431.84 262 794 1,314,736.40 1655.84 249 741 1,252,284.77 1689.99 14 53 62,451.63 1178.33 14 53 26,935.41 508.22 1 5 1,156.50 231.30 0 0 0 0 13 48 25,778.91 537.06 14 0 35,516.22 00 0 0 0 0 00 783 2,415 71,052.80 29.42 89 122 5,090.92 41.73 92 252 5,530.27 21.95 235 920 9,261.44 10.07 314 373 26,198.43 70.24 327 380 14,936.08 39.31 269 368 10,035.66 27.27 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 896	USERS UNITS OF SERVICE OR DAYS OF CARE 896	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER EI 896 3,209 \$ 1,385,789.20 \$ 431.84 .631 \$ 1546.64 \$ 262 794 1,314,736.40 1655.84 .156 5018.08 \$ 249 741 1,252,284.77 1689.99 .146 5029.26 14 5029.26 14 53 62,451.63 1178.33 .010 4460.83 14 53 26,935.41 508.22 .010 1923.96 1 1 156.50 231.30 .001 1923.96 1 1 5 1,156.50 231.30 .001 156.50 0 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	22	\$	308.55	\$	14.03	.004	\$	308.55	\$.06
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	22		308.55		14.03	.004		308.55		.06
@LABORATORY FACILITY	900	2,360	\$	34,396.71	\$	14.57	.464	\$	38.22	\$	6.76
PATHOLOGY	900	2,360		34,396.71		14.57	.464		38.22		6.76
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,847	15 , 903	\$	529 , 009.77	\$	33.26	3.127	\$	185.81	\$	104.01
CLINIC	1,482	13,239		192,362.50		14.53	2.603		129.80		37.82
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,469	2,664		336,647.27		126.37	.524		229.17		66.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 6,436
MOP024	FEE-FOR-SERVICE/DENTA	ΔL									03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

MAKIN COONII	DOMMANT OF DER	VICES FOR 1058 AND 00	DAI II IOIAL, COI	JED 44 47 40 4.			~=
						THLY AVERA	-
5,086 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	197	420 \$	23,816.59	\$ 56.71	.083 \$		\$ 4.68
DURABLE MED. EQUIP.	13	22	1,208.58	54.94	.004	92.97	.24
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	21	227	2,933.36	12.92	.045	139.68	.58
AMBULANCES/AIR TRANS	21	227	2,933.36	12.92	.045	139.68	.58
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	147	148	15,420.00	104.19	.029	104.90	3.03
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	1	1,475.00	1475.00	.000	1475.00	.29
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	14	19	1,609.83	84.73	.004	114.99	.32
PROSTHETICS	14	19	1,609.83	84.73	.004	114.99	.32
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	63.14	31.57	.000	63.14	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1	1,106.68	1106.68	.000	1106.68	.22
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,437 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----474 ELIGIBLES

OR DAY

DTAL, ALL PROVIDERS

HYSICIANS SERVICES

OFFICE VISITS

OFFICE VISITS

HOME VISITS

EMERGENCY ROOM

PREVENTIVE CARE

OB VISITS/COMPRE PERI

OTHER OUTPATIENT

INPATIENT VISITS

HOSPITAL VISITS

CRITICAL CARE

SNF/ICF/TRANS IP CARE

OPHTHALMOLOGICAL SERVICES

EXAMINATIONS

OR DAY

OR DAY 474 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 5,194 \$ 243,681.75 \$ 46.92 10.958 \$ 662.18 \$ 514.10 233 \$ 4,189.15 \$ 17.98 .492 \$ 51.09 \$ 8.84 0 .00 .00 .00 .00 .00 OR DAYS OF CARE @TOTAL, ALL PROVIDERS

 681.75
 \$ 46.92
 10.958
 \$ 662.18
 \$

 189.15
 \$ 17.98
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 \$ 51.09
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 <td @PHYSICIANS SERVICES 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 . 00 .00 .00 . 00 .00 .00 . 00 @PHARMACY @DENTIST

DENTURES, STAYPLATES	3	5	325.00	65.00	.011	108.33	.69
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	4CR	.00	.00	.008CR	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEC	2004	PAGE 6,438
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ					03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FO	OR TITLE II D	ISREGARD - AGED	AID CODE	16		

----- MONTHLY AVERAGE -----474 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 12 212.44 .025 \$ @OPTOMETRIST \$ 17.70 53.11 \$.45 \$ DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 12 212.44 17.70 .025 53.11 . 45 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 @CHIROPRACTOR .00 .00 .000 \$.00 .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .26 .52 .26 .004 .00 @PODIATRIST MEDICINE/INJECTIONS .00 .00 .000 . 00 .00 0 .00 SURGERY/ANES. .00 .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 .52 .26 .004 .26 OTHER .00 @HOME HEALTH AGENCY 0 .00 .00 .000 .00 .00 0 \$.00 Ś .00 NURSE ANESTHESIST .00 .000 Ś .00 .00 .00 .000 .00 .00 NURSE MIDWIFE .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 0 .00 .00 .000 \$.00 FAMILY NURSE PRACTITIONER .00 60,036.07 @TOTAL HOSPITAL 184 326.28 .388 1579.90 126.66 12 57,387.06 4782.26 17 3375.71 HOSP INPATIENT TOTAL .036 121.07 1 17 20,985.33 20985.33 HSC HOSPITALS 1234.43 .036 44.27 NON-HSC HOSPITAL TOTAL 0 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 0 .00 .00 .000 .00 .00 ANCILLARIES .00 3309.25 INPATIENT CROSSOVERS 11 36,401.73 .000 76.80 0 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 167 2,649.01 .352 HOSP OUTPATIENT TOTAL 15.86 98.11 5.59 .00 MEDICAL 0 .00 .00 .000 .00 SURGERY 0 .00 .00 .000 .00 .00 .00 .00 PATHOLOGY .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 0 ROOM USE .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 167 2,649.01 15.86 .352 98.11 5.59 0 .00 .00 .00 @COUNTY HOSPITAL TOTAL .000 .00 CO HOSPITAL INPATIENT TOTAL 0 .00 .00 .000 . 00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 . 00 . 00 .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 TRANSITIONAL IP CARE .00 .000 .00 0 .00 .00 ALL OTHER ACCOM .00 .000 .00 ANCILLARIES .00 .00 .000 .00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPO	ORT FOR JAN 2	004 THRU DEC	2004	PAGE 6,439
MOP024	FEE-FOR-SERVICE/DENTAL	ı					03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FO	OR TITLE II DIS	REGARD - AGED	AID CODE	16		
					MONT	HLY AVERAG	E
474 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES A	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DA	AYS OF CARE	I	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	38	184 \$	60,036.07	\$ 326.28	.388 \$	1579.90	\$ 126.66
COMM HOSP INPATIENT TOTAL	12	17	57 , 387.06	3375.71	.036	4782.26	121.07
HSC HOSPITALS	1	17	20,985.33	1234.43	.036	20985.33	44.27

474 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		COST UNITS/DAY				COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	38	184	\$	60,036.07	\$ 326.2			1579.90		126.66
COMM HOSP INPATIENT TOTAL	12	17	·	57,387.06	3375.7			4782.26		121.07
HSC HOSPITALS	1	17		20,985.33	1234.4			20985.33		44.27
NON-HSC HOSPITALS TOTAL	0	0		.00		.000		.00		.00
ACCOMMODATIONS	0	0		.00	. (.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	. (.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	. (.000		.00		.00
ALL OTHER ACCOM	0	0		.00	. (.000		.00		.00
ANCILLARIES	0			.00	. (.000		.00		.00
INPATIENT CROSSOVERS	11	0		36,401.73	. (.000		3309.25		76.80
ALL OTHER INPATIENT	0	0		.00	. (.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	27	167		2,649.01	15.8	.352		98.11		5.59
MEDICAL	0	0		.00	. (.00		.00
SURGERY	0	0		.00	. (.00		.00
PATHOLOGY	0	0		.00	. (.00		.00
RADIOLOGY	0	0		.00	. (.00		.00
ROOM USE	0	0		.00	. (.00		.00
CROSSOVERS/ALL OTH OUTPINT	27	167		2,649.01	15.8			98.11		5.59
@STATE HOSPITAL	0	0	\$.00	\$.0		\$.00	\$.00
MENTALLY ILL	0	0		.00	. (.00		.00
DEVELOP. DISABLED	0	0		.00	. (.00		.00
@NURSING FACILITY	3	90	\$	•	\$ 139.3		\$	4180.20	\$	26.46
LEV A-INTERMEDIATE	0	0		.00	. (.00		.00
LEV B-REHAB MD	0	0		.00	. (.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	. (.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	. (.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	. (.00		.00
LEV B-REGULAR	3	90		12,540.60	139.3			4180.20		26.46
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.0		\$.00	\$.00
ICF DDH	0	0		.00	. (.00		.00
ICF DD	0	0		.00	. (.00		.00
ICF DDN/DDCN	0	0		.00	. (.00		.00
@HEMODIALYSIS TOTAL	9	9	\$	5,808.39	\$ 645.3		Ş	645.38	Ş	12.25
HOSPITAL BASED	0	0		.00	. (.00		.00
HEMODIALYSIS CENTER	9	9	_	5,808.39	645.3		_	645.38	_	12.25
@REHABILITATION FACILITY	0	0	\$.00	\$.0		Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00	. (.00		.00
INDEPENDENT FACILITY	0	0		.00	. (.00		.00
@LABORATORY FACILITY	4	9	\$	49.54	\$ 5.5		Ş	12.39	Ş	.10
PATHOLOGY	0	0		.00	. (.00		.00
XO AND OTHERS	4	9		49.54	5.5	.019		12.39		.10

@ORGANIZED OUTPATIENT CLINIC	29		40	\$	2,248.66	\$	56.22		\$ 77.54	\$	4.74
CLINIC	0		0		.00		.00	.000	.00		.00
SURGICENTER	3		3		495.16		165.05	.006	165.05		1.04
HEROIN DETOX CLINIC	0		0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	26		37		1,753.50		47.39	.078	67.44		3.70
#CALIF DEPT OF HEALTH SERV		-	PENDITUE	RES	MONTH-OF-PAYMENT F	REPORT	' FOR JAN	2004 THRU D	EC 2004	F	PAGE 6,440
MOP024	FEE-FOR-SERVICE										03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR	TITLE]	II D	ISREGARD - AGED		AID CODE				
									NTHLY AVERA	-	
474 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAYS	COST PER		COST PER
		OR DAYS					R UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	71		821	\$	49,634.84	\$	60.46	1.732	•	\$	
DURABLE MED. EQUIP.	1		1		59.06		59.06	.002	59.06		.12
BLOOD BANK	0		0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	1		10		58.44		5.84	.021	58.44		.12
AMBULANCES/AIR TRANS	0		0		.00		.00	.000	.00		.00
OTHER TRANS	0		0		.00		.00	.000	.00		.00
OTHER SERVICES	1		10		58.44		5.84	.021	58.44		.12
ACUPUNCTURE	0		0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	23		514		35,774.56		69.60	1.084	1555.42		75.47
GENETIC DISEASE TESTING	0		0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	43		196		12,178.26		62.13	.414	283.22		25.69
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000	.00		.00
OPTICIAN	8		32		392.43		12.26	.068	49.05		.83
PHYSICAL THERAPIST	0		0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000	.00		.00
PROSTHETICS	0		0		.00		.00	.000	.00		.00
ORTHOTICS	0		0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0		0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	1		1		659.45		659.45	.002	659.45		1.39

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	67	512.64	7.65	.141	46.60	1.08
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	118	533	\$ 50,737.32	\$ 95.19	1.124	\$ 429.98	\$ 107.04
a			 				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,441 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

MAKIN COUNTI	SOMMANT OF SERV	ATCES FOR TITLE	TT DT	SKEGAKD DITIND	VIL	CODES 20	OA			
								HLY AVERA	GΕ	
19 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		RAGE COST		COST PER		COST PER
		OR DAYS OF CAP	Œ		PER	- ,	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	12	102	\$	8,103.65	\$	79.45	5.368	675.30	\$	426.51
@PHYSICIANS SERVICES	2	2	\$	48.00	\$	24.00	.105	\$ 24.00	\$	2.53
OUTPATIENT VISITS	0	0		.00		.00	.000	.00		.00
OFFICE VISITS	0	0		.00		.00	.000	.00		.00
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00		.00
INPATIENT VISITS	0	0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00		.00
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	2	2		48.00		24.00	.105	24.00		2.53
@PHARMACY	12	73	\$	6,109.05	\$	83.69	3.842	\$ 509.09	\$	321.53
PRESCRIPTION DRUGS	12	73		6,109.05		83.69	3.842	509.09		321.53
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	12	73		6,109.05		83.69	3.842	509.09		321.53
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	3	22	\$	1,799.00	\$	81.77	1.158	\$ 599.67	\$	94.68
VISITS - DIAGNOSTIC	1	2		50.00		25.00	.105	50.00		2.63
ORAL SURGERY	1	17		749.00		44.06	.895	749.00		39.42

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.053	100.00	5.26
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
	0	0					
RESTORATIVE DENTISTRY	0		.00	.00	.000	.00	.00
PROSTHETICS	Ü	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.105	900.00	47.37
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	Û	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
	0	· ·					
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES I	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 6,442
MOP024	FEE-FOR-SERVICE	C/DENTAL					03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR TITLE II D	ISREGARD - BLIND	AID CODES 26	6A		
					MON	THLY AVERA	GE
19 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
19 EHIGIDHES	OSERS		EXIENDITONES	PER UNIT/DAY		USER	ELIGIBLE
		OR DAYS OF CARE					
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		•
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		
VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
OTHER SERVICES	U		.00	.00	.000	.00	.00
@PODIATRIST_	Ü	0 \$.00	\$.00	.000 \$		·
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		\$.00
	0			•			
NURSE ANESTHESIST	U	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
	0	0					.00
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00
	· ·					.00	
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
	0	0 \$.00	\$.00	.000		
@COUNTY HOSPITAL TOTAL	0	·					
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

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NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURES M					PAGE 6,443
MOP024	FEE-FOR-SERVICE		01.111 01 11111111111111111111111111111			0 2001	03/14/05
MARIN COUNTY		ICES FOR TITLE II DI	SREGARD - BLIND	AID CODES 26	6A		03/11/03
THINCH COOMIT	Sormanti OI SERV	IODO ION IIIDD II DI	DICEOTIVE BELLIVE	MID CODED 20	MON'	THIV AVERA	2F
19 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
19 111011110	OBERG	OR DAYS OF CARE	EMPTIONED	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 S	.00	\$.00	.000 \$		-
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00			.00
ADMINISTRATIVE DAYS	0	•	.00		.000	.00	
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	U	.00	.00	.000	.00	.00
ANCILLARIES	U	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	O	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00
	0	0	• 0 0	• 0 0	.000	.00	.00

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@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4		5	\$	147.60	\$	29.52	.263	Ś	36.90	Ś	7.77
CLINIC	Ô		0	Τ	.00	τ	.00	.000	Τ.	.00	т	.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
	0		0									
HEROIN DETOX CLINIC	0		Ū		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4		5		147.60		29.52	.263		36.90		7.77
#CALIF DEPT OF HEALTH SERV			PENDITU:	RES M	MONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2004 THRU	DEC	2004	PAC	GE 6,444
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR	TITLE	II DI	SREGARD - BLIND	AII	CODES 26	6A				
								M	ONT	HLY AVERA	GE	
19 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	Cr	OST PER
		OR DAYS	OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER	E.	LIGIBLE
@ALL OTHER PROVIDERS	0	OIC BIIID	0	\$.00	\$.00	.000		.00		.00
	0		0	Y	.00	Y	.00	.000	Y	.00	٧	.00
DURABLE MED. EQUIP.	0											
BLOOD BANK	•		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
	0		0									
IHMC, MODEL-NF, NF, AIDS, MSSP	U		Ü		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	0		0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
ORTHOTICS	0		0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0		0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0		0		.00		.00	.000		.00		.00
	0		0									.00
HOSPICE SERVICES	•		0		.00		.00	.000		.00		
NONINST BIRTHING CENTERS	0		0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0		0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0		0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0		0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0		0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
@XOVER EXCLUDING STATE HOSP**			2	Ś	48.00		24.00	.105		24.00		2.53
@* TOTALS IN THESE LINES ARE		ATE THEODI	MATTON .	TUEM		τ	21.00	• = 0 0	Τ.	21.00	т	2.00
THE AMOUNTS ARE ALREADY IN					•							
** THESE DATA ARE INCLUDED I												
#CALIF DEPT OF HEALTH SERV			PENDITU:	KES M	MONTH-OF-PAYMENT R	KEPORT	'FOR JAN 2	2004 THRU	DEC	2004		GE 6,445
MOP024	FEE-FOR-SERVICE											03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR	TITLE	II DI	SREGARD - DISABLE	ED AII	CODES 36	66 6C				
								M	ONT	HLY AVERA	GE -	
1,229 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C	OST PER
·		OR DAYS			_		R UNIT/DAY			USER		LIGIBLE
							,	0				

@TOTAL, ALL PROVIDERS	1,040	10,827	\$ 728,796.33	\$ 67.31	8.810	\$ 700.77	\$ 593.00
@PHYSICIANS SERVICES	133	690	\$ 4,084.40	\$ 5.92	.561	\$ 30.71	\$ 3.32
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.001	46.44	.04
EXAMINATIONS	1	1	46.44	46.44	.001	46.44	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	23	448.89	19.52	.019	224.45	.37
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	23	448.89	19.52	.019	224.45	.37
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	10.93	10.93	.001	10.93	.01
OTHER SERVICES/ALL X-OVERS	130	665	3 , 578.14	5.38	.541	27.52	2.91
@PHARMACY	943	8,347	\$ 588,014.75	\$	6.792	\$ 623.56	\$ 478.45
PRESCRIPTION DRUGS	926	4,448	582,900.40	131.05	3.619	629.48	474.29

SNF/ICF	19	145	19,376.91	133.63	.118	1019.84	15.77
OUTPATIENTS	915	4,303	563,523.49	130.96	3.501	615.87	458.52
MEDICAL SUPPLIES	60	3 , 899	5,114.35	1.31	3.172	85.24	4.16
@DENTIST	104	326	\$ 14,166.81	\$ 43.46	.265	\$ 136.22	\$ 11.53
VISITS - DIAGNOSTIC	60	141	2,152.95	15.27	.115	35.88	1.75
ORAL SURGERY	8	38	774.00	20.37	.031	96.75	.63
DRUGS	4	4	50.00	12.50	.003	12.50	.04
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	6	7	672.00	96.00	.006	112.00	.55
ENDODONTICS	5	6	1,567.00	261.17	.005	313.40	1.28
RESTORATIVE DENTISTRY	27	56	3,453.86	61.68	.046	127.92	2.81
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	17	60	5,467.00	91.12	.049	321.59	4.45
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	8	13	.00	.00	.011	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE:	S MONTH-OF-PAYMENT H	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 6,446

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,446
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

MAKIN COUNTI	SUMMAKI OF SEK	VICES FOR		1 1	SKEGAKD - DISABLEL	AIL	CODES 30	00 00			~-	
										THLY AVERA	GE	
1,229 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		CRAGE COST		S	COST PER		COST PER
		OR DAYS	OF CARE	_			R UNIT/DAY	PER ELIG	_	USER	_	ELIGIBLE
@OPTOMETRIST	6		13	\$	291.89	\$	22.45	.011	Ş	48.65	Ş	.24
DIAGNOSTIC AND ANC. PROCED	1		1		47.45		47.45	.001		47.45		.04
EYE APPLIANCES	4		12		202.18		16.85	.010		50.55		.16
OTHER OPTOMETRIC SERVICES	1		0		42.26		.00	.000		42.26		.03
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	6		6	\$	63.23	\$	10.54	.005	\$	10.54	\$.05
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	6		6		63.23		10.54	.005		10.54		.05
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	89		384	\$	49,619.06	\$	129.22	.312	\$	557.52	\$	40.37
HOSP INPATIENT TOTAL	10		44		43,617.96		991.32	.036		4361.80		35.49
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2		44		36,976.88		840.38	.036		18488.44		30.09
ACCOMMODATIONS	2		44		27,165.60		617.40	.036		13582.80		22.10
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2		44		27,165.60		617.40	.036		13582.80		22.10
ANCILLARIES	2		0		9,811.28		.00	.000		4905.64		7.98
INPATIENT CROSSOVERS	8		0		6,641.08		.00	.000		830.14		5.40
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	80		340		6,001.10		17.65	.277		75.01		4.88
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		Ō		.00		.00	.000		.00		.00

RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	80	340	6	,001.10		17.65	.277	75.01		4.88
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF-P	AYMENT RE	PORT E	FOR JAN	2004 THRU 1	DEC 2004	PAGE	6 , 447
MOP024	FEE-FOR-SERVICE/DENTAL								03	/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	TITLE II	DISREGARD -	DISABLED) AID (CODES 36	66 6C			

SUMMARI OF SER	VICES FOR TITLE	II DIS	REGARD - DISABLE	D AID CODES 36			
					MC	NTHLY AVERA	GE
USERS			EXPENDITURES			COST PER	COST PER
	OR DAYS OF CAR	RΕ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
89	384	\$	49,619.06	\$ 129.22	.312	\$ 557.52	\$ 40.37
10	44		43,617.96	991.32	.036	4361.80	35.49
0	0		.00	.00	.000	.00	.00
2	44		36 , 976.88	840.38	.036	18488.44	30.09
2	44		27,165.60	617.40	.036	13582.80	22.10
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
2	44		27,165.60	617.40	.036	13582.80	22.10
2	0		9,811.28	.00	.000	4905.64	7.98
8	0		6,641.08	.00	.000	830.14	5.40
0	0		.00	.00	.000	.00	.00
80	340		6,001.10	17.65	.277	75.01	4.88
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
3 80	340		6,001.10	17.65			4.88
0	0	\$		•		•	•
0	0		.00				.00
0	0		.00				.00
7	139	\$,			•	·
0	0						.00
0	0						.00
9 0	0						.00
0	0						.00
0	0						.00
7							21.18
3	61	\$	9,970.45	\$ 163.45	.050	\$ 3323.48	\$ 8.11
	USERS 89 10 0 2 2 0 0 2 2 8 0	USERS UNITS OF SERVICE OR DAYS OF CARE 89 384 10 44 0 0 0 2 44 2 44 0 0 0 0 0 2 44 2 0 0 8 0 0 0 0 8 0 340 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 89 384 \$ 10 44 0 0 0 2 44 2 44 0 0 0 0 0 2 44 2 0 0 0 0 2 44 2 0 0 8 0 0 0 0 8 0 340 0	USERS UNITS OF SERVICE OR DAYS OF CARE 89	USERS UNITS OF SERVICE OR DAYS OF CARE 89 384 \$ 49,619.06 \$ 129.22 10 44 43,617.96 991.32 0 0 0 .00 .00 2 44 36,976.88 840.38 2 44 27,165.60 617.40 0 0 0 .00 .00 0 0 .00 .00 2 44 27,165.60 617.40 0 0 0 .00 .00 2 44 27,165.60 617.40 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 89 384 \$ 49,619.06 \$ 129.22 .312 10 44 43,617.96 991.32 .036 0 0 0 .00 .00 .00 .000 2 44 36,976.88 840.38 .036 2 44 36,976.88 840.38 .036 2 44 27,165.60 617.40 .036 0 0 0 .00 .00 .00 .000 0 0 .00 .00 .00	USERS UNITS OF SERVICE OR DAYS OF CARE 89

ICF DDH	3	61		9,970.45		163.45	.050		3323.48		8.11
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	7	12	\$	5,670.99	\$	472.58	.010	\$	810.14	\$	4.61
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	7	12		5,670.99		472.58	.010		810.14		4.61
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	8	26	\$	273.59	\$	10.52	.021	\$	34.20	\$.22
PATHOLOGY	2	3		105.60		35.20	.002		52.80		.09
XO AND OTHERS	6	23		167.99		7.30	.019		28.00		.14
@ORGANIZED OUTPATIENT CLINIC	65	146	\$	2,819.13	\$	19.31	.119	\$	43.37	\$	2.29
CLINIC	6	78		388.72		4.98	.063		64.79		.32
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	59	68		2,430.41		35.74	.055		41.19		1.98
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-OF-PAYMENT R	EPORI	FOR JAN	2004 THRU	DEC	2004	P.	AGE 6,448
MOP024	FEE-FOR-SERVICE/DENTAL	_									03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FO	OR TITLE	II D	ISREGARD - DISABLE	D AII	CODES 36	66 6C				

----- MONTHLY AVERAGE -----1,229 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 120 677 27,795.88 \$ 41.06 @ALL OTHER PROVIDERS .551 \$ 231.63 \$ 22.62 DURABLE MED. EQUIP. 1 5 4,896.82 979.36 .004 4896.82 3.98 BLOOD BANK .00 .00 .000 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 484.22 7.94 80.70 MEDICAL TRANSPORTATION 61 .050 .39 AMBULANCES/AIR TRANS 15 156.86 10.46 .012 156.86 OTHER TRANS 19 117.16 6.17 .015 58.58 .10 27 .17 OTHER SERVICES 210.20 7.79 .022 70.07 ACUPUNCTURE 0 .00 .00 .000 ADULT DAY HEALTH CARE CTR 11 97 6,749.26 69.58 .079 613.57 5.49 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 173 5,992.10 1498.03 IHMC, MODEL-NF, NF, AIDS, MSSP 34.64 .141 OCCUPATIONAL THERAPIST .00 .00 .000 .00 0 .00 OPTICIAN 16 65 838.02 12.89 .053 52.38 .68 .00 PHYSICAL THERAPIST .00 .000 .00 2.02 .67 1.01 PORTABLE X-RAY .002 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 PROSTHETICS .00 .000 .00 .00 .00 ORTHOTICS .000 .00 .00 .00 .00 PSYCHOLOGIST 0 .000 .00 .00 7,224.38 172.01 SPEECH AND AUDIOLOGY 37.24 .158 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 LOCAL EDUCATION AGENCIES .000 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 0 .00 RESPIRATORY CARE PRACT. .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .00 .000 .00 79 1,609.06 ALL OTHER PROVIDERS 20.37 40.23 .064 1.31 0 \$.000 \$ @CALIF. CHILDREN SERVICES* Ω .00 .00 .00 \$.00 @XOVER EXCLUDING STATE HOSP** 242 32,308.09 133.50 \$ 1,579 20.46 1.285 \$ 26.29

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

MARIN COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,449

03/14/05

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

MARIN COUNTY	SUMMARY OF SERV	TITLE FOR TITLE	TT T	DISREGARD - FAMILIE	S DISC	ON.T.T.M		~ » . r		C E	
			_				MO				
00 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00		.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00		.00		\$.00	\$.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0									.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		
OUTPATIENT SURGERY	•	•		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0									
ORTHODONTIC SERVICES	•	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,450

03/14/05

FEE-FOR-SERVICE/DENTAL

MARIN COUNTY	TITLE II DISREGARD - FAMILIES	DISCONTINUED
		MONTHLY AVERAGE

							M	DIM.T.	HLY AVERAG	نظح	
00 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	}		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

TAIDAMTENM ODOGGOVIEDO	0	0	0.0	0.0	0.00	0.0	0.0
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	Ô	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					
NON-HSC HOSPITALS TOTAL	U	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	9	9					
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DEC	2004	PAGE 6,451
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
MOP024	FEE-FOR-SERVICE		RECARD - FAMILIES	DISCONTINI	IED		03/14/05
MOP024 MARIN COUNTY		/DENTAL ICES FOR TITLE II DISI	REGARD - FAMILIES	DISCONTINU		ממשונה אוווי	
MARIN COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DIS			MONT		GE
		ICES FOR TITLE II DISPUNTE OF SERVICE	REGARD - FAMILIES EXPENDITURES	AVERAGE COST	MONT UNITS/DAYS	COST PER	GE COST PER
MARIN COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DIS			MONT UNITS/DAYS		GE
MARIN COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DISPUNTE OF SERVICE		AVERAGE COST	MONT UNITS/DAYS	COST PER	GE COST PER ELIGIBLE
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS	ICES FOR TITLE II DISPUNCTS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	GE COST PER ELIGIBLE \$.00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS 0 0	ICES FOR TITLE II DISPUNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00 .00	GE COST PER ELIGIBLE \$.00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0 0 0 0	ICES FOR TITLE II DISPUNCTS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 0 0 0 0 0 0	ICES FOR TITLE II DISPUNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 0 0 0 0 0 0 0	ICES FOR TITLE II DISPUNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000	COST PER USER .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0	ICES FOR TITLE II DISPUNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 0 0 0 0 0 0 0	ICES FOR TITLE II DISPUNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000	COST PER USER .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0	ICES FOR TITLE II DISPUNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0	ICES FOR TITLE II DISPUNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV	ICES FOR TITLE II DISPUNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0	ICES FOR TITLE II DISPUNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV	ICES FOR TITLE II DISPUNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV	ICES FOR TITLE II DISPUNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O \$ O 0 O 0 O 0 O 0 O 0 O 0 O 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00	.0	0 .000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.0	0 .000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.0	0 .000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.0	0 .000		.00		.00
LEV B-REGULAR	0	0		.00	.0	0 .000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.0	0 .000	\$.00	\$.00
ICF DDH	0	0		.00	.0	0 .000		.00		.00
ICF DD	0	0		.00	.0	0 .000		.00		.00
ICF DDN/DDCN	0	0		.00	.0	0 .000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.0	0 .000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.0	0 .000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.0	0 .000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.0	0 .000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.0	0 .000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.0	0 .000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.0	0 .000	\$.00	\$.00
PATHOLOGY	0	0		.00	.0	0 .000		.00		.00
XO AND OTHERS	0	0		.00	.0	0 .000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.0	0 .000	\$.00	\$.00
CLINIC	0	0		.00	.0	0 .000		.00		.00
SURGICENTER	0	0		.00	.0	0 .000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.0	0 .000		.00		.00
RURAL HEALTH CLINIC	0	0		.00	.0	0 .000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-O	F-PAYMENT REF	PORT FOR J	AN 2004 THRU	DEC	2004	PAGE	6,452
MOP024	FEE-FOR-SERVICE/DENTAL								03	/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISREGARI	D - FAMILIES	DISCON	TINUED				
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MAKIN COUNTI	SUMMARI OF SERV	LCES FOR TITLE II	DISK	EGARD - FAMILIES	DISCONTING			~=
						MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
_	_	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	Ş	.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,453 03/14/05 MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

					MONT	HLY AVERAG	E
1,722 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,420	16 , 123 \$	980,581.73	\$ 60.82	9.363 \$	690.55	\$ 569.44
@PHYSICIANS SERVICES	217	925 \$	8,321.55	\$ 9.00	.537 \$	38.35	\$ 4.83
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.001	46.44	.03
EXAMINATIONS	1	1	46.44	46.44	.001	46.44	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	23	448.89	19.52	.013	224.45	.26
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	23	448.89	19.52	.013	224.45	.26
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	10.93	10.93	.001	10.93	.01
OTHER SERVICES/ALL X-OVERS	214	900	7,815.29	8.68	.523	36.52	4.54
@PHARMACY	1,267	12,146 \$	701,190.69	\$ 57.73	7.053 \$	553.43	\$ 407.20
PRESCRIPTION DRUGS	1,244	5,704	693,914.98	121.65	3.312	557.81	402.97
SNF/ICF	37	223	24,061.62	107.90	.130	650.31	13.97
OUTPATIENTS	1,216	5,481	669,853.36	122.21	3.183	550.87	389.00
MEDICAL SUPPLIES	86	6,442	7,275.71	1.13	3.741	84.60	4.23
@DENTIST	134	416 \$	17,860.46	\$ 42.93	.242 \$	133.29	\$ 10.37
VISITS - DIAGNOSTIC	77	190	2,783.85	14.65	.110	36.15	1.62
ORAL SURGERY	11	59	1,644.00	27.86	.034	149.45	.95
DRUGS	4	4	50.00	12.50	.002	12.50	.03
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.06
PERIODONTICS	6	8	672.00	84.00	.005	112.00	.39
ENDODONTICS	6	7	1,827.00	261.00	.004	304.50	1.06
RESTORATIVE DENTISTRY	34	70	4,061.61	58.02	.041	119.46	2.36
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02

DENTURES, STAYPLATES	21	67	6,692.00	99.88	.039	318.67	3.89
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	9	9	.00	.00	.005	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEG	C 2004	PAGE 6,454
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
MARIN COUNTY	SUMMARY OF SERVICES	FOR TITLE II D	ISREGARD - TOTAL				

1,722 ELICIBLES	MARIN COUNTI	SUMMARI OF SER	VICES FOR	TTTTE 1	דע דו	SREGARD - IOIAL			M	\cap NIII	ממתוא אווח	CE	
OR DAYS OF CARE	1 700 FITCIBLES	HCEDC	IINITEC OF	CEDVICE	7	EADENDILLIDES	7/ 7/7	EDACE COCH				4GE	
COPPOMETRIST 10	1,722 601616063	OSEKS		-		EXPENDITORES							
DIAGNOSTIC AND ANC. PROCED 1	A O D T O M E T D T C T	1.0	OR DAIS			504 33						ċ	
EYE APPLIANCES	-				ې		Ą			٧		۲	
Comparison													
CHIROPRACTOR		-											
VISITS		_			<u> </u>		<u> </u>			_		<u>^</u>	
OPTION CONTROL CONTR	• -	0		-	Ş		\$			Ş		\$	
PODIATRIST		•											
MEDICINE/INJECTIONS		0											
SURGERY/ANMS: O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-	8			Ş		Ş			Ş		Ş	
RADIO PATHOLOGY 0 0 0 00 00 00 00 00 00 00 00 00 00 00		· ·											
OTHER 6		•											
BHOME HEALTH AGENCY		0											
NURSE ANESTHESIST 0 0 \$.00 \$	OTHER	_		8		63.75		7.97			7.97		.04
NURSE MIDWIFE 0 0 \$.00	@HOME HEALTH AGENCY	•		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	NURSE ANESTHESIST	· ·		0		.00	\$			\$.00	\$.00
FAMILY NURSE PRACTITIONER	NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
## HOSP ITAL HOSP ITAL	FAMILY NURSE PRACTITIONER	0		0		.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL 22	@TOTAL HOSPITAL	127		568	Ś	109,655,13	Ś	193.05	.330	Ś		Ś	63.68
HSC HOSPITALS NON-HSC HOSPITAL TOTAL 2 44 36,976.88 840.38 .026 18488.44 21.47 ACCOMMODATIONS 2 44 27,165.60 617.40 .026 13582.80 15.78 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 2 44 27,165.60 617.40 .026 13582.80 15.78 ANCILLARIES 2 0 9,811.28 .00 .00 .00 .00 ALL OTHER INPATIENT CROSSOVERS 19 0 43,042.81 .00 .00 .265.41 25.00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL .00 .00 .00 .00 .00 .00 SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY ADMINISTRATIVE TOTAL .00 .00 .00 .00 .00 .00 .00 ROOM USE CROSSOVERS/ALL OTH OUTPTNT .107 .507 8,650.11 .17.06 .294 80.84 5.02 CROSSOVERS/ALL OTH OUTPTNT .107 .507 8,650.11 .17.06 .294 80.84 5.02 CROSSOVERS/ALL OTH OUTPTNT .107 .507 8,650.11 .17.06 .294 80.84 5.02 CROSSOVERS/ALL OTH OUTPTNT .107 .507 8,650.11 .17.06 .294 80.84 5.02 CROSSOVERS/ALL OTH OUTPTNT .107 .507 8,650.11 .17.06 .294 80.84 5.02 CROSSOVERS/ALL OTH OUTPTNT .107 .507 8,650.11 .17.06 .294 80.84 5.02 CROSSOVERS/ALL OTH OUTPTNT .107 .507 8,650.11 .17.06 .294 80.84 5.02 CROSSOVERS/ALL OTH OUTPTNT .107 .507 8,650.11 .17.06 .294 80.84 5.02 CROSSOVERS/ALL OTH OUTPTNT .107 .507 8,650.11 .17.06 .294 80.84 5.02 CROSSOVERS/ALL OTH OUTPTNT .107 .507 8,650.11 .17.06 .294 80.84 5.02 CROSSOVERS/ALL OTH OUTPTNT .107 .507 8,650.11 .17.06 .294 80.84 5.02 CROSSOVERS/ALL OTH OUTPTNT .00 .00 .00 .00 .00 .00 .00 .00 CROSSOVERS/ALL OTH OUTPTNT .00 .00 .00 .00 .00 .00 .00 .00 CROSSOVERS/ALL OTH OUTPTNT .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	-												
NON-HSC HOSPITAL TOTAL 2													
ACCOMMODATIONS 2 44 27,165.60 617.40 .026 13582.80 15.78 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00													
ADMINISTRATIVE DAYS O TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O O													
TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0													
ALL OTHER ACCOM 2 44 27,165.60 617.40 .026 13582.80 15.78 ANCILLARIES 2 0 9,811.28 .00 .000 4905.64 5.70 INPATIENT CROSSOVERS 19 0 43,042.81 .00 .000 .265.41 25.00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		· ·		-									
ANCILLARIES 2 0 9,811.28 .00 .000 4905.64 5.70 INPATIENT CROSSOVERS 19 0 43,042.81 .00 .000 .2265.41 25.00 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .000 .000 .00				-									
INPATIENT CROSSOVERS													
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						•							
HOSP OUTPATIENT TOTAL 107 507 8,650.11 17.06 .294 80.84 5.02 MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00													
MEDICAL 0 0 .00 .00 .00 .00 .00 SURGERY 0 0 .00		-											
SURGERY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0						•							
PATHOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		•											
RADIOLOGY 0 0 0 .00 .00 .000 .00 .00 .000 .000		-											
ROOM USE 0 0 0 .00 .00 .000 .000 .000 .000 .00		· ·											
CROSSOVERS/ALL OTH OUTPTNT 107 507 8,650.11 17.06 .294 80.84 5.02 @COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00		•											
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00<		•		-									
CO HOSPITAL INPATIENT TOTAL 0 0 .00						•							
HSC HOSPITALS 0 0 .00	@COUNTY HOSPITAL TOTAL				\$		\$.00		\$.00	\$.00
NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .000 .00 .00 .00 .00 .00	CO HOSPITAL INPATIENT TOTAL	-				.00		.00	.000		.00		.00
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	HSC HOSPITALS	•				.00		.00			.00		.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	0				.00		.00	.000		.00		.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00	ACCOMMODATIONS	0				.00		.00	.000		.00		.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00	ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ANCILLARIES 0 0 .00 .00 .00 .00 .00	ALL OTHER ACCOM	0		0		.00			.000		.00		.00
	ANCILLARIES	0		0		.00		.00	.000		.00		.00

	_	_					
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	004 THRU DE	C 2004	PAGE 6,455
MOP024	FEE-FOR-SERVICE/						03/14/05
MARIN COUNTY	SUMMARY OF SERVI	CES FOR TITLE II DISH	REGARD - TOTAL				
					MON	THLY AVERAG	GE
1,722 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
_,		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	127	568 \$	109,655.13	\$ 193.05	.330 \$		\$ 63.68
COMM HOSP INPATIENT TOTAL	22	61	101,005.02	1655.82	.035	4591.14	58.66
HSC HOSPITALS	1	17	20,985.33	1234.43	.010	20985.33	12.19
NON-HSC HOSPITALS TOTAL	2	44	36,976.88	840.38	.026	18488.44	21.47
ACCOMMODATIONS	2	44	27,165.60	617.40	.026	13582.80	15.78
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	44	27,165.60	617.40	.026	13582.80	15.78
ANCILLARIES	2	U 44	9,811.28	.00	.000	4905.64	5.70
INPATIENT CROSSOVERS	19	0	43,042.81	.00	.000	2265.41	25.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	107	507	8,650.11	17.06	.294	80.84	5.02
MEDICAL	0	507	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
SURGERY	0	0					
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	U	U	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	107	507		8,650.11		17.06	.294		80.84		5.02
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	10	229	\$	38,566.75	\$	168.41	.133	\$	3856.68	\$	22.40
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	10	229		38,566.75	i	168.41	.133		3856.68		22.40
@INTERMEDIATE CARE FACILDD	3 3	61	\$	9,970.45	\$	163.45	.035	\$	3323.48	\$	5.79
ICF DDH	3	61		9,970.45	i	163.45	.035		3323.48		5.79
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	16	21	\$	11,479.38	\$	546.64	.012	\$	717.46	\$	6.67
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	16	21		11,479.38		546.64	.012		717.46		6.67
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	12	35	\$	323.13		9.23	.020	\$	26.93	\$.19
PATHOLOGY	2	3		105.60		35.20	.002		52.80		.06
XO AND OTHERS	10	32		217.53		6.80	.019		21.75		.13
@ORGANIZED OUTPATIENT CLINIC	98	191	\$	5,215.39) \$	27.31	.111	\$	53.22	\$	3.03
CLINIC	6	78		388.72		4.98	.045		64.79		.23
SURGICENTER	3	3		495.16	,	165.05	.002		165.05		.29
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	89	110		4,331.51		39.38	.064		48.67		2.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES 1	MONTH-OF-PAYMENT	REPO	RT FOR JAN 2	2004 THRU	DEC	2004	Ρž	AGE 6,456
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR TITLE	II D	ISREGARD - TOTAL							
							M	TNO	HLY AVERA	GE ·	
1,722 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	A	VERAGE COST	UNITS/DAY	'S	COST PER	(COST PER
		OR DAYS OF CAR	Œ			ER UNIT/DAY			USER	J	ELIGIBLE
@ALL OTHER PROVIDERS	191	1,498	\$	77,430.72			.870	\$		\$	44.97
DURABLE MED. EQUIP.	2	6		4,955.88		825.98	.003		2477.94		2.88
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	•	^		0.0		0.0	0.00		0.0		0.0

					MON	TIITI AARIVA	.013
1,722 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	191	1,498 \$	77,430.72	\$ 51.69	.870 \$	405.40	\$ 44.97
DURABLE MED. EQUIP.	2	6	4,955.88	825.98	.003	2477.94	2.88
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	71	542.66	7.64	.041	77.52	.32
AMBULANCES/AIR TRANS	1	15	156.86	10.46	.009	156.86	.09
OTHER TRANS	2	19	117.16	6.17	.011	58.58	.07
OTHER SERVICES	4	37	268.64	7.26	.021	67.16	.16
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	34	611	42,523.82	69.60	.355	1250.70	24.69
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	47	369	18,170.36	49.24	.214	386.60	10.55
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	24	97	1,230.45	12.69	.056	51.27	.71
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3	2.02	.67	.002	1.01	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	43	195	7,883.83	40.43	.113	183.34	4.58

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	51	146	2,121.70	14.53	.085	41.60	1.23
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	362	2,114	\$ 83,093.41	\$ 39.31	1.228	\$ 229.54	\$ 48.25

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,457 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MARIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

MARIN COUNTY	SUMMARY OF SER	VICES FOR IN HOME :	SUP	PORT - AGED	AID	CODE				
							MC			
723 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	5 (COST PER
		OR DAYS OF CARE					PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	615		\$	311,973.87		41	79.816		507.27	
@PHYSICIANS SERVICES	59		\$	2,730.84	\$ 16.		.232	\$	46.29	\$ 3.78
OUTPATIENT VISITS	11	17		834.24	49.		.024		75.84	1.15
OFFICE VISITS	10	15		618.08	41.		.021		61.81	.85
HOME VISITS	0	0		.00		00	.000		.00	.00
EMERGENCY ROOM	2	2		216.16	108.	08	.003		108.08	.30
PREVENTIVE CARE	0	0		.00		00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0		.00		00	.000		.00	.00
OTHER OUTPATIENT	0	0		.00		00	.000		.00	.00
INPATIENT VISITS	3	3		109.90	36.		.004		36.63	.15
HOSPITAL VISITS	3	3		109.90	36.	63	.004		36.63	.15
CRITICAL CARE	0	0		.00		00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		00	.000		.00	.00
EXAMINATIONS	0	0		.00		00	.000		.00	.00
SERVICES AND MATERIALS	0	0		.00		00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		00	.000		.00	.00
PRINCIPAL SURGEON	0	0		.00		00	.000		.00	.00
ASSISTANT SURGEON	0	0		.00		00	.000		.00	.00
ANESTHESIOLOGIST	0	0		.00		00	.000		.00	.00
OUTPATIENT SURGERY	0	0		.00		00	.000		.00	.00
PRINCIPAL SURGEON	0	0		.00		00	.000		.00	.00
ASSISTANT SURGEON	0	0		.00		00	.000		.00	.00
ANESTHESIOLOGIST	0	0		.00		00	.000		.00	.00
DIALYSIS	0	0		.00		00	.000		.00	.00
PATHOLOGY	4	4		17.36		34	.006		4.34	.02
RADIOLOGY	3	4		30.98	7.	75	.006		10.33	.04
PSYCHIATRY	0	0		.00		00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	51	140		1,738.36	12.	42	.194		34.09	2.40
@PHARMACY	491	35,025	\$	133,647.93	\$ 3.	82	48.444	\$	272.20	\$ 184.85
PRESCRIPTION DRUGS	430	1,829		116,028.41	63.	44	2.530		269.83	160.48
SNF/ICF	28	221		15,138.19	68.	50	.306		540.65	20.94
OUTPATIENTS	410	1,608		100,890.22	62.	74	2.224		246.07	139.54
MEDICAL SUPPLIES	146	33,196		17,619.52		53	45.914		120.68	24.37
@DENTIST	25	62	\$	2,320.15	\$ 37.		.086	\$	92.81	\$ 3.21
VISITS - DIAGNOSTIC	19	50		693.15	13.	86	.069		36.48	.96
ORAL SURGERY	2	3		208.00	69.	33	.004		104.00	.29

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	2		55.00		27.50	.003		27.50		.08
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	3	3		354.00		118.00	.004		118.00		.49
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	5		1,010.00		202.00	.007		505.00		1.40
SPACE MAINTAINERS	2	5		.00		.00	.007		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	1CR		.00		.00	.001CF)	.00		.00
#CALIF DEPT OF HEALTH SERV	•		DEC 1	MONTH-OF-PAYMENT R	E DOD!					D	AGE 6,458
MOP024	FEE-FOR-SERVICE		KES I	MONTH-OF-FAIMENT K.	EPOK.	I FOR JAN 2	2004 INKO I		2004	Γ.	03/14/05
MARIN COUNTY		ICES FOR IN HOM	e ciii	DDODE ACED		AID CODE	10				03/14/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR IN HOM	E 501	PPORT - AGED		AID CODE	MC	יחדער	UIV AUEDA	CE.	
723 ELIGIBLES	USERS	UNITS OF SERVICE	c	EXPENDITURES	7\ \ 7.1	ERAGE COST				-	COST PER
725 EDIGIBLES	OSEKS	OR DAYS OF CAR		EXFENDITORES)	USER		ELIGIBLE
@OPTOMETRIST	1	3	\$	53.11	\$	17.70	.004	¢	53.11		.07
DIAGNOSTIC AND ANC. PROCED	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
EYE APPLIANCES	1	3		53.11		17.70	.004		53.11		.07
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
VISITS	0	0	Ą	.00	۲	.00	.000	۲	.00	۲	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	10	Ś	184.33	\$	18.43	.014	ċ	23.04	ċ	.25
MEDICINE/INJECTIONS	3	2	Ą	69.20	۲	34.60	.014	۲	34.60	۲	.10
SURGERY/ANES.	0	0		.00		.00	.003		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	6	8		115.13		14.39	.011		19.19		.16
@HOME HEALTH AGENCY	0	11	Ċ	719.06	\$	65.37		\$	179.77	Ċ	.99
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	ې د	.00	ب د	.00		۶ S	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	۶ \$.00		۶ S	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00		.00
@TOTAL HOSPITAL	37	228	۶ \$	17,114.73	۶ S	75.06		۶ S	462.56		23.67
HOSP INPATIENT TOTAL	8	6	Ą	12,461.84	۲	2076.97	.008	۲	1557.73	۲	17.24
HSC HOSPITALS	0	6		7,770.00		1295.00	.008		3885.00		10.75
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ANCILLARIES INPATIENT CROSSOVERS	6	0		4,691.84		.00	.000		781.97		6.49
ALL OTHER INPATIENT	0	0		4,691.64		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	31	222		4,652.89		20.96	.307		150.09		6.44
MEDICAL	2	222		4,652.89		20.96	.003		22.50		.06
MEDICAL SURGERY	∠ ∩	0		.00		.00	.003		.00		.00
PATHOLOGY	υ Λ	38		286.34		7.54	.053		71.59		.40
RADIOLOGY	3	3		50.74		16.91	.004		16.91		.40
ROOM USE	2	2		89.58		44.79	.004		44.79		.12
CDOGGOVEDG / NII OTH OHTDTNIT	28	177		4 181 23		23 62	245		149.79		5 70

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@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

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NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	Ő	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	•					PAGE 6,459
MOP024	FEE-FOR-SERVICE/DENTA		MONIII OF FAIMENT NE	SPORT FOR OAN 2	LOUY IIINO DEC	, 2004	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES F		DDODT - ACED	AID CODE	1 0		03/14/03
MAKIN COUNTI	SOMMAKI OF SERVICES F	OK IN HOME 50	FFORT AGED	AID CODE	MONT	ישיע אזידי	2F
723 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
723 ELIGIBLES		AYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	37	228 \$	17,114.73	\$ 75.06	.315 \$	462.56	
COMM HOSP INPATIENT TOTAL	8	220 ¥ 6	12,461.84	2076.97	.008	1557.73	17.24
HSC HOSPITALS	0	6	7,770.00	1295.00	.008	3885.00	10.75
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	0	4,691.84	.00	.000	781.97	6.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	31	222	4,652.89	20.96	.307	150.09	6.44
MEDICAL	2	2	45.00	22.50	.003	22.50	.06
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	38	286.34	7.54	.053	71.59	.40
RADIOLOGY	3	3	50.74	16.91	.004	16.91	.07
ROOM USE	2	2	89.58	44.79	.004	44.79	.12
CROSSOVERS/ALL OTH OUTPTNT	28	177	4,181.23	23.62	.245	149.33	5.78
@STATE HOSPITAL	0	0 \$	4,101.23	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0 7	.00	.00	.000 \$.00	.00
	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED @NURSING FACILITY	15	350 \$	56,798.78	\$ 162.28	.484 \$	3786.59	
LEV A-INTERMEDIATE	0	350 Ş 0	.00	.00	.484 \$.00	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
	0	0					
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00

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LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

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HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

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@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	24	\$	208.96	\$	8.71	.033	\$	29.85	\$.29
PATHOLOGY	6	22		191.31		8.70	.030		31.89		.26
XO AND OTHERS	1	2		17.65		8.83	.003		17.65		.02
@ORGANIZED OUTPATIENT CLINIC	23	28	\$	826.56	\$	29.52	.039	\$	35.94	\$	1.14
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	23	28		826.56		29.52	.039		35.94		1.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES M	ONTH-OF-PAYMENT I	REPORT	FOR JAN	2004 THRU I	DEC	2004	PI	AGE 6,460
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERV	VICES FOR IN HOME	E SUF	PPORT - AGED		AID CODE	18				
							MC	TINC	HLY AVERA	GE -	
723 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	s c	COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	234	21,798	\$	97,369.42	\$	4.47	30.149	\$	416.11	\$	134.67
DURABLE MED. EQUIP.	7	55		2,516.61		45.76	.076		359.52		3.48
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	4	5		125.00		25.00	.007		31.25		.17
MEDICAL TRANSPORTATION	8	58		480.72		8.29	.080		60.09		.66
AMBULANCES/AIR TRANS	2	6		141.94		23.66	.008		70.97		.20
OTHER TRANS	1	7		43.14		6.16	.010		43.14		.06
OTHER SERVICES	5	45		295.64		6.57	.062		59.13		.41
ACUPUNCTURE	1	4		75.69		18.92	.006		75.69		.10
ADULT DAY HEALTH CARE CTR	39	503		34,711.73		69.01	.696		890.04		48.01
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	149	1,087		56,020.44		51.54	1.503		375.98		77.48
OCCUPATIONAL THERAPIST	0	. 0		.00		.00	.000		.00		.00
OPTICIAN	2	6		74.52		12.42	.008		37.26		.10
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	64	20,080	3,364.71	.17	27.773	52.57	4.65
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	129	733	\$ 19,615.94	\$ 26.76	1.014	\$ 152.06	\$ 27.13

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,461 03/14/05 MARIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

MAKIN COONII	DOMESTIC OF DELIC	ATCHO FOR THE HOME	DOLLOKI	ППТИП		AID CODE	20				
							MC	NTH	LY AVERAG	GE	
24 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	RAGE COST	UNITS/DAYS	C	OST PER	COST PER	
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	16	363	\$	1,881.06	\$	5.18	15.125	\$	117.57	\$ 78.38	
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00	
OUTPATIENT VISITS	0	0		.00		.00	.000		.00	.00	
OFFICE VISITS	0	0		.00		.00	.000		.00	.00	
HOME VISITS	0	0		.00		.00	.000		.00	.00	
EMERGENCY ROOM	0	0		.00		.00	.000		.00	.00	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	.00	
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	.00	
INPATIENT VISITS	0	0		.00		.00	.000		.00	.00	
HOSPITAL VISITS	0	0		.00		.00	.000		.00	.00	
CRITICAL CARE	0	0		.00		.00	.000		.00	.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	.00	
EXAMINATIONS	0	0		.00		.00	.000		.00	.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	.00	
DIALYSIS	0	0		.00		.00	.000		.00	.00	
PATHOLOGY	0	0		.00		.00	.000		.00	.00	
RADIOLOGY	0	0		.00		.00	.000		.00	.00	
PSYCHIATRY	0	0		.00		.00	.000		.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00	.00	
@PHARMACY	13	352	\$	706.63	\$	2.01	14.667	\$	54.36	\$ 29.44	
PRESCRIPTION DRUGS	8	16		164.54		10.28	.667		20.57	6.86	

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	8	16	164.54	10.28	.667	20.57	6	.86
MEDICAL SUPPLIES	5	336	542.09	1.61	14.000	108.42	22	.59
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	1 2004 THRU	DEC 2004	PAGE	6,462
MOP024	FEE-FOR-SERVICE/DENTAL						03/	14/05

1101 02 1	IDD ION DDINVIOL	, DLIVIII									0.0	/ 11/00
MARIN COUNTY	SUMMARY OF SERV	ICES FOR	IN HOME	SUPPORT	' - BLIND		AID CODE	28				
								MC	NTHL	Y AVERA	SE	
24 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	CO	ST PER	COSI	PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER	ELIG	FIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES M	IONTH-OF-PAYMENT REPOR	T FOR JAN 2004	THRU	DEC 2004	PAGE 6,463
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	IN HOME SUF	PORT - BLIND	AID CODE 28			
					M	ONTHLY AVERAG	E

24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00

ICF DDH	0	Ω		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0	0									
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	ES MONTH-	OF-PAYMENT RE	EPORT	FOR JAN 2004	THRU	DEC 200	4	PAGE	6,464
MOP024	FEE-FOR-SERVICE/DENTAL									0.3	3/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT	- BLIND		AID CODE 28					

1111(11) 0001(11		. 1020 1010 11011		OIKI BEINB	1112 0022	MON	אלידט אנידט א	CF
24 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	AVERAGE COST		COST PER	COST PER
24 ELIGIBLES	CALCO	OR DAYS OF CAR		EXPENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	OR DATS OF CAR	\$	1,174.43	\$ 106.77	.458 \$		\$ 48.93
DURABLE MED. EQUIP.	0	0	Ÿ	.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	5	11		1,174.43	106.77	.458	234.89	48.93
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,465 FEE-FOR-SERVICE/DENTAL

03/14/05

MOP024	FEE-FOR-SERVIC	E/DENTAL								03/14/05
MARIN COUNTY	SUMMARY OF SER	VICES FOR	IN HOME	SUPP	ORT - DISABLED	AID CODE	68			
							MO	NTHLY AVERA	AGE -	
718 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	639	5	6,244	\$	503,286.49	\$ 8.95	78.334	\$ 787.62	\$	700.96
@PHYSICIANS SERVICES	130		513	\$	14,715.22	\$ 28.68	.714	\$ 113.19	\$	20.49
OUTPATIENT VISITS	23		30		1,341.21	44.71	.042	58.31		1.87
OFFICE VISITS	15		18		565.85	31.44	.025	37.72		.79
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	8		9		647.11	71.90	.013	80.89		.90
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	2		3		128.25	42.75	.004	64.13		.18
INPATIENT VISITS	8		45		2,662.36	59.16	.063	332.80		3.71
HOSPITAL VISITS	8		44		2,477.02	56.30	.061	309.63		3.45
CRITICAL CARE	1		1		185.34	185.34	.001	185.34		.26
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00		.00
EXAMINATIONS	0		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	4		38		•	74.06	.053	703.54		3.92
PRINCIPAL SURGEON	3		6		1,645.50	274.25	.008	548.50		2.29
ASSISTANT SURGEON	1		1		236.04	236.04	.001	236.04		.33
ANESTHESIOLOGIST	1		31		932.61	30.08	.043	932.61		1.30
OUTPATIENT SURGERY	13		42		2,268.40	54.01	.058	174.49		3.16
PRINCIPAL SURGEON	8		9		1,197.10	133.01	.013	149.64		1.67
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	5		33		1,071.30	32.46	.046	214.26		1.49
DIALYSIS	0		0		.00	.00	.000	.00		.00
PATHOLOGY	4		7		20.75	2.96	.010	5.19		.03

RADIOLOGY	13	29		1,156.37		39.87	.040		88.95		1.61
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	3		5.45		1.82	.004		5.45		.01
OTHER SERVICES/ALL X-OVERS	100	319		4,446.53		13.94	.444		44.47		6.19
@PHARMACY	546	41,880	\$	331,586.90	\$	7.92	58.329	\$	607.30	\$	461.82
PRESCRIPTION DRUGS	512	2,375		313,410.22		131.96	3.308		612.13		436.50
SNF/ICF	36	274		77,972.33		284.57	.382		2165.90		108.60
OUTPATIENTS	488	2,101		235,437.89		112.06	2.926		482.45		327.91
MEDICAL SUPPLIES	156	39 , 505		18,176.68		.46	55.021		116.52		25.32
@DENTIST	45	116	\$	5,352.00	\$	46.14	.162	\$	118.93	\$	7.45
VISITS - DIAGNOSTIC	28	60		1,293.00		21.55	.084		46.18		1.80
ORAL SURGERY	6	19		685.75		36.09	.026		114.29		.96
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	3		236.00		78.67	.004		118.00		.33
ENDODONTICS	2	2		545.00		272.50	.003		272.50		.76
RESTORATIVE DENTISTRY	10	27		1,587.25		58.79	.038		158.73		2.21
PROSTHETICS	1	1		30.00		30.00	.001		30.00		.04
DENTURES, STAYPLATES	2	3		925.00		308.33	.004		462.50		1.29
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.001		50.00		.07
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	4	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH-	OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 6,466
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT	- DISABLED		AID COD	E 68				

							Mo	ГИС	HLY AVERA	GE	
718 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		ΡE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	3	\$	53.11	\$	17.70	.004	\$	53.11	\$.07
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	1	3		53.11		17.70	.004		53.11		.07
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	8	\$	108.14	\$	13.52		\$	27.04	\$.15
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	8		108.14		13.52	.011		27.04		.15
@HOME HEALTH AGENCY	2	397	\$	11,675.77	\$	29.41	.553	\$	5837.89	\$	16.26
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	102	636	\$	77,832.93	\$	122.38	.886	\$	763.07	\$	108.40
HOSP INPATIENT TOTAL	15	31		62,816.56		2026.34	.043		4187.77		87.49
HSC HOSPITALS	5	30		50,998.00		1699.93	.042		10199.60		71.03
NON-HSC HOSPITAL TOTAL	1	1		611.74		611.74	.001		611.74		.85
ACCOMMODATIONS	1	1		231.30		231.30	.001		231.30		.32
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		231.30		231.30	.001		231.30		.32
ANCILLARIES	1	0		380.44		.00	.000		380.44		.53

INPATIENT CROSSOVERS	9	0	11,206.82	.00	.000	1245.20	15.61
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	91	605	15,016.37	24.82	.843	165.02	20.91
MEDICAL	11	21	1,524.02	72.57	.029	138.55	2.12
SURGERY	6	8	242.71	30.34	.011	40.45	.34
PATHOLOGY	8	50	532.95	10.66	.070	66.62	.74
RADIOLOGY	14	25	2,428.80	97.15	.035	173.49	3.38
ROOM USE	15	18	535.39	29.74	.025	35.69	.75
CROSSOVERS/ALL OTH OUTPTNT	72	483	9,752.50	20.19	.673	135.45	13.58
@COUNTY HOSPITAL TOTAL	0	0 \$	•	\$.00	.000		
-	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0						
HSC HOSPITALS	Ü	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	Û	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	O	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0					
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
	MEDI-CAL SERVIC	ES AND EXPENDITURES N	40NTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU D	EC 2004	PAGE 6,467
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
MOP024 MARIN COUNTY		/DENTAL ICES FOR IN HOME SUI	PPORT - DISABLED	AID CODE	68		03/14/05
			PPORT - DISABLED	AID CODE		NTHLY AVERA	, , , , , , , , , , , , , , , , , , , ,
MARIN COUNTY	SUMMARY OF SERV	ICES FOR IN HOME SUI			MC		GE
		ICES FOR IN HOME SUP UNITS OF SERVICE		AVERAGE COST	MC UNITS/DAYS	COST PER	GE COST PER
MARIN COUNTY 718 ELIGIBLES	SUMMARY OF SERV USERS	ICES FOR IN HOME SUI UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MC UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 102	UNITS OF SERVICE OR DAYS OF CARE 636 \$	EXPENDITURES 77,832.93	AVERAGE COST PER UNIT/DAY \$ 122.38	MC UNITS/DAYS PER ELIG .886	COST PER USER \$ 763.07	GE COST PER ELIGIBLE \$ 108.40
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS	UNITS OF SERVICE OR DAYS OF CARE 636 \$	EXPENDITURES 77,832.93 62,816.56	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34	MC UNITS/DAYS PER ELIG .886 .043	COST PER USER \$ 763.07 4187.77	GE COST PER ELIGIBLE \$ 108.40 87.49
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 102	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30	EXPENDITURES 77,832.93 62,816.56 50,998.00	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93	UNITS/DAYS PER ELIG .886 .043 .042	COST PER USER \$ 763.07 4187.77 10199.60	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 102	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1	77,832.93 62,816.56 50,998.00 611.74	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74	MC UNITS/DAYS PER ELIG .886 .043 .042 .001	COST PER USER \$ 763.07 4187.77 10199.60 611.74	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 102	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30	EXPENDITURES 77,832.93 62,816.56 50,998.00	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93	UNITS/DAYS PER ELIG .886 .043 .042	COST PER USER \$ 763.07 4187.77 10199.60	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 102	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1	77,832.93 62,816.56 50,998.00 611.74	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74	MC UNITS/DAYS PER ELIG .886 .043 .042 .001	COST PER USER \$ 763.07 4187.77 10199.60 611.74	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 102	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1	77,832.93 62,816.56 50,998.00 611.74 231.30	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30	MC UNITS/DAYS PER ELIG .886 .043 .042 .001	\$ COST PER USER \$ 763.07 4187.77 10199.60 611.74 231.30	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 102	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1	77,832.93 62,816.56 50,998.00 611.74 231.30 .00	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30 .00	MC UNITS/DAYS PER ELIG .886 .043 .042 .001 .001 .000	\$ COST PER USER \$ 763.07 4187.77 10199.60 611.74 231.30 .00 .00	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32 .00 .00
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS 102	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1	77,832.93 62,816.56 50,998.00 611.74 231.30 .00 .00 231.30	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30 .00 .00 231.30	MC UNITS/DAYS PER ELIG .886 .043 .042 .001 .001 .000 .000	\$ COST PER USER \$ 763.07 4187.77 10199.60 611.74 231.30 .00 .00 231.30	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32 .00 .00 .32
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV USERS 102	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1	77,832.93 62,816.56 50,998.00 611.74 231.30 .00 .00 231.30 380.44	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30 .00 .00 231.30	MC UNITS/DAYS PER ELIG .886 .043 .042 .001 .000 .000 .000 .0001 .000	\$ COST PER USER \$ 763.07 4187.77 10199.60 611.74 231.30 .00 .00 231.30 380.44	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32 .00 .00 .32 .53
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV USERS 102	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1 1 0 0 0 0	77,832.93 62,816.56 50,998.00 611.74 231.30 .00 .00 231.30 380.44 11,206.82	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30 .00 .00 231.30 .00	MC UNITS/DAYS PER ELIG .886 .043 .042 .001 .000 .000 .000 .000 .000 .000	\$ COST PER USER \$ 763.07 4187.77 10199.60 611.74 231.30 .00 .00 231.30 380.44 1245.20	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32 .00 .00 .32 .53 15.61
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV USERS 102 15 5 1 0 0 1 1 9 0	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1 1 0 0 0 0 0	77,832.93 62,816.56 50,998.00 611.74 231.30 .00 231.30 380.44 11,206.82	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30 .00 .00 231.30 .00	MC UNITS/DAYS PER ELIG .886 .043 .042 .001 .000 .000 .000 .000 .000 .000 .000	\$ COST PER USER \$ 763.07 4187.77 10199.60 611.74 231.30 .00 .00 231.30 380.44 1245.20	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32 .00 .00 .32 .53 15.61
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV USERS 102 15 5 1 0 0 1 1 9 0 91	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1 1 0 0 0 0 0 605	77,832.93 62,816.56 50,998.00 611.74 231.30 .00 231.30 380.44 11,206.82 .00 15,016.37	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30 .00 .231.30 .00 .00 231.30	MC UNITS/DAYS PER ELIG .886 .043 .042 .001 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000	\$ COST PER USER \$ 763.07 4187.77 10199.60 611.74 231.30 .00 .00 231.30 380.44 1245.20 .00 165.02	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32 .00 .00 .32 .53 15.61 .00 20.91
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV USERS 102 15 5 1 0 0 1 1 9 0 91	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1 1 0 0 0 0 605 21	77,832.93 62,816.56 50,998.00 611.74 231.30 .00 231.30 380.44 11,206.82 .00 15,016.37	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30 .00 .231.30 .00 .00 231.30 .00 .00	MC UNITS/DAYS PER ELIG .886 .043 .042 .001 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000	\$ COST PER USER \$ 763.07 4187.77 10199.60 611.74 231.30 .00 231.30 380.44 1245.20 .00 165.02 138.55	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32 .00 .00 .32 .53 15.61 .00 20.91 2.12
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV USERS 102 15 5 1 0 0 1 1 9 0 91	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1 1 0 0 0 0 0 605	77,832.93 62,816.56 50,998.00 611.74 231.30 .00 231.30 380.44 11,206.82 .00 15,016.37	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30 .00 .231.30 .00 .00 231.30	MC UNITS/DAYS PER ELIG .886 .043 .042 .001 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000	\$ COST PER USER \$ 763.07 4187.77 10199.60 611.74 231.30 .00 .00 231.30 380.44 1245.20 .00 165.02	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32 .00 .00 .32 .53 15.61 .00 20.91
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV USERS 102 15 5 1 0 0 1 1 9 0 91	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1 1 0 0 0 0 605 21	77,832.93 62,816.56 50,998.00 611.74 231.30 .00 231.30 380.44 11,206.82 .00 15,016.37	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30 .00 .231.30 .00 .00 231.30 .00 .00	MC UNITS/DAYS PER ELIG .886 .043 .042 .001 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000	\$ COST PER USER \$ 763.07 4187.77 10199.60 611.74 231.30 .00 231.30 380.44 1245.20 .00 165.02 138.55	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32 .00 .00 .32 .53 15.61 .00 20.91 2.12
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV USERS 102 15 5 1 0 0 1 1 9 0 91 11 6	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1 1 0 0 0 0 605 21 8	T7,832.93 62,816.56 50,998.00 611.74 231.30 .00 231.30 380.44 11,206.82 .00 15,016.37 1,524.02 242.71 532.95	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30 .00 .00 231.30 .00 .00 24.82 72.57 30.34	MC UNITS/DAYS PER ELIG .886 .043 .042 .001 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .001	\$ COST PER USER \$ 763.07 4187.77 10199.60 611.74 231.30 .00 231.30 380.44 1245.20 .00 165.02 138.55 40.45	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32 .00 .00 .32 .53 15.61 .00 20.91 2.12 .34
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV USERS 102 15 5 1 0 0 1 1 9 0 91 11 6 8 14	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1 1 0 0 0 0 605 21 8 50 25	T7,832.93 62,816.56 50,998.00 611.74 231.30 .00 231.30 380.44 11,206.82 .00 15,016.37 1,524.02 242.71 532.95 2,428.80	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30 .00 .00 231.30 .00 .00 24.82 72.57 30.34 10.66 97.15	MC UNITS/DAYS PER ELIG .886 .043 .042 .001 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .005	\$ COST PER USER \$ 763.07 4187.77 10199.60 611.74 231.30 .00 231.30 380.44 1245.20 .00 165.02 138.55 40.45 66.62 173.49	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32 .00 .00 .32 .53 15.61 .00 20.91 2.12 .34 .74 3.38
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 102 15 5 1 0 0 1 1 9 0 91 11 6 8 14 15	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1 1 0 0 0 605 21 8 50 25 18	T7,832.93 62,816.56 50,998.00 611.74 231.30 .00 231.30 380.44 11,206.82 .00 15,016.37 1,524.02 242.71 532.95 2,428.80 535.39	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30 .00 .00 231.30 .00 .00 24.82 72.57 30.34 10.66 97.15 29.74	MC UNITS/DAYS PER ELIG .886 .043 .042 .001 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .005 .025	\$ COST PER USER \$ 763.07 4187.77 10199.60 611.74 231.30 .00 231.30 380.44 1245.20 .00 165.02 138.55 40.45 66.62 173.49 35.69	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32 .00 .00 .32 .53 15.61 .00 20.91 2.12 .34 .74 3.38 .75
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV USERS 102 15 5 1 1 0 0 1 1 9 0 91 11 6 8 14 15 72	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1 1 0 0 0 0 605 21 8 50 25 18 483	EXPENDITURES 77,832.93 62,816.56 50,998.00 611.74 231.30 .00 231.30 380.44 11,206.82 .00 15,016.37 1,524.02 242.71 532.95 2,428.80 535.39 9,752.50	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30 .00 .00 231.30 .00 .00 24.82 72.57 30.34 10.66 97.15 29.74 20.19	MC UNITS/DAYS PER ELIG .886 .043 .042 .001 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .005 .025 .673	\$ COST PER USER \$ 763.07 4187.77 10199.60 611.74 231.30 .00 .00 231.30 380.44 1245.20 .00 165.02 138.55 40.45 66.62 173.49 35.69 135.45	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32 .00 .00 .32 .53 15.61 .00 20.91 2.12 .34 .74 3.38 .75 13.58
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 102 15 5 1 1 0 0 0 1 1 1 9 0 91 11 6 8 14 15 72 0	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 77,832.93 62,816.56 50,998.00 611.74 231.30 .00 231.30 380.44 11,206.82 .00 15,016.37 1,524.02 242.71 532.95 2,428.80 535.39 9,752.50 .00	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30 .00 .00 231.30 .00 .00 24.82 72.57 30.34 10.66 97.15 29.74 20.19 \$.00	MC UNITS/DAYS PER ELIG .886 .043 .042 .001 .000 .000 .001 .000 .000 .000 .000 .000 .000 .000 .000 .005 .025 .673 .000	\$ COST PER USER \$ 763.07 4187.77 10199.60 611.74 231.30 .00 231.30 380.44 1245.20 .00 165.02 138.55 40.45 66.62 173.49 35.69 135.45 \$.00	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32 .00 .00 .32 .53 15.61 .00 20.91 2.12 .34 .74 3.38 .75 13.58 \$.00
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 102 15 5 1 1 0 0 0 1 1 9 0 91 11 6 8 14 15 72 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1 1 1 0 0 0 0 1 0 0 0 21 8 50 25 18 483 0 \$ 0	EXPENDITURES 77,832.93 62,816.56 50,998.00 611.74 231.30 .00 .00 231.30 380.44 11,206.82 .00 15,016.37 1,524.02 242.71 532.95 2,428.80 535.39 9,752.50 .00 .00	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30 .00 .00 231.30 .00 .00 24.82 72.57 30.34 10.66 97.15 29.74 20.19 \$.00 .00	MC UNITS/DAYS PER ELIG	\$ COST PER USER \$ 763.07	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32 .00 .00 .32 .53 15.61 .00 20.91 2.12 .34 .74 3.38 .75 13.58 \$.00 .00
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 102 15 5 1 1 0 0 0 1 1 1 9 0 91 11 6 8 14 15 72 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	T7,832.93 62,816.56 50,998.00 611.74 231.30 .00 .00 231.30 380.44 11,206.82 .00 15,016.37 1,524.02 242.71 532.95 2,428.80 535.39 9,752.50 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30 .00 .00 231.30 .00 .00 24.82 72.57 30.34 10.66 97.15 29.74 20.19 \$.00 .00 .00 .00	MC UNITS/DAYS PER ELIG	\$ COST PER USER \$ 763.07	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32 .00 .00 .32 .53 15.61 .00 20.91 2.12 .34 .74 3.38 .75 13.58 \$.00 .00 .00
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	SUMMARY OF SERV USERS 102 15 5 1 1 0 0 0 1 1 1 9 0 91 11 6 8 14 15 72 0 0 0 0 3	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	T7,832.93 62,816.56 50,998.00 611.74 231.30 .00 .00 231.30 380.44 11,206.82 .00 15,016.37 1,524.02 242.71 532.95 2,428.80 535.39 9,752.50 .00 .00 .00 4,403.83	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30 .00 .00 231.30 .00 .00 24.82 72.57 30.34 10.66 97.15 29.74 20.19 \$.00 .00 \$ 169.38	MC UNITS/DAYS PER ELIG	\$ COST PER USER \$ 763.07	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32 .00 .00 .32 .53 15.61 .00 20.91 2.12 .34 .74 3.38 .75 13.58 \$.00 .00 .00 .00 .00 .00 .00 .
MARIN COUNTY 718 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 102 15 5 1 1 0 0 0 1 1 1 9 0 91 11 6 8 14 15 72 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 636 \$ 31 30 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	T7,832.93 62,816.56 50,998.00 611.74 231.30 .00 .00 231.30 380.44 11,206.82 .00 15,016.37 1,524.02 242.71 532.95 2,428.80 535.39 9,752.50 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 122.38 2026.34 1699.93 611.74 231.30 .00 .00 231.30 .00 .00 24.82 72.57 30.34 10.66 97.15 29.74 20.19 \$.00 .00 .00 .00	MC UNITS/DAYS PER ELIG	\$ COST PER USER \$ 763.07	GE COST PER ELIGIBLE \$ 108.40 87.49 71.03 .85 .32 .00 .00 .32 .53 15.61 .00 20.91 2.12 .34 .74 3.38 .75 13.58 \$.00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00		.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		.000		.00		.00
LEV B-REGULAR	3	26		4,403.83		169.38		.036		1467.94		6.13
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		.000	\$.00	\$.00
ICF DDH	0	0		.00		.00		.000		.00		.00
ICF DD	0	0		.00		.00		.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00		.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00		.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00		.000		.00		.00
@REHABILITATION FACILITY	8	25	\$	386.40	\$	15.46		.035	\$	48.30	\$.54
HOSPITAL BASED	0	0		.00		.00		.000		.00		.00
INDEPENDENT FACILITY	8	25		386.40		15.46		.035		48.30		.54
@LABORATORY FACILITY	13	56	\$	629.35	\$	11.24		.078	\$	48.41	\$.88
PATHOLOGY	9	44		467.52		10.63		.061		51.95		.65
XO AND OTHERS	5	12		161.83		13.49		.017		32.37		.23
@ORGANIZED OUTPATIENT CLINIC	38	66	\$	2,905.54		44.02		.092	\$	76.46	\$	4.05
CLINIC	5	15		208.42		13.89		.021		41.68		.29
SURGICENTER	0	0		.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	34	51		2,697.12		52.88		.071		79.33		3.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH-O	F-PAYMENT	REPORT	FOR JAN	2004	ГHRU	DEC	2004	PΑ	GE 6,468
MOP024	FEE-FOR-SERVICE/DENTAL											03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT -	DISABLED		AID CODE						
								M	ONTI	HLY AVERA	.GE -	

					MON	THLY AVERA	GE
718 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	170	12 , 518 \$	53,637.30	\$ 4.28	17.435 \$	315.51	\$ 74.70
DURABLE MED. EQUIP.	6	23	8,963.32	389.71	.032	1493.89	12.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	83	1,219.86	14.70	.116	110.90	1.70
AMBULANCES/AIR TRANS	8	54	1,015.09	18.80	.075	126.89	1.41
OTHER TRANS	1	5	35.71	7.14	.007	35.71	.05
OTHER SERVICES	2	24	169.06	7.04	.033	84.53	.24
ACUPUNCTURE	7	17	297.36	17.49	.024	42.48	.41
ADULT DAY HEALTH CARE CTR	15	362	25 , 187.96	69.58	.504	1679.20	35.08
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	23	65	5,219.87	80.31	.091	226.95	7.27
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	19	265.15	13.96	.026	53.03	.37
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	10	1,323.70	132.37	.014	1323.70	1.84
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	407	5,331.39	13.10	.567	484.67	7.43
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	101	11,532	5,828.69	.51	16.061	57.71	8.12
@CALIF. CHILDREN SERVICES*	34	1,315	\$ 62,796.73	\$ 47.75	1.831	\$ 1846.96	\$ 87.46
@XOVER EXCLUDING STATE HOSP**	243	9,300	\$ 32,968.13	\$ 3.54	12.953	\$ 135.67	\$ 45.92

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,469
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

PARTIN COUNTY	SOMMAN OF SER	TODO FOR IN HOM	. 5011	ONI IOIAL		N	ONTE	HLY AVERA	GE	
1,465 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE (COST UNITS/DAY				COST PER
_,		OR DAYS OF CARE				DAY PER ELIC		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,270	114,314	\$	817,141.42	\$ 7.1			643.42		557.78
@PHYSICIANS SERVICES	189	681	\$		\$ 25.6			92.31		11.91
OUTPATIENT VISITS	34	47	·	2,175.45	46.2		•	63.98	•	1.48
OFFICE VISITS	25	33		1,183.93	35.8			47.36		.81
HOME VISITS	0	0		.00	. (.00		.00
EMERGENCY ROOM	10	11		863.27	78.4			86.33		.59
PREVENTIVE CARE	0	0		.00	. (.00		.00
OB VISITS/COMPRE PERI	0	0		.00	. (.00		.00
OTHER OUTPATIENT	2	3		128.25	42.7			64.13		.09
INPATIENT VISITS	11	48		2,772.26	57.			252.02		1.89
HOSPITAL VISITS	11	47		2,586.92	55.0			235.17		1.77
CRITICAL CARE	1	1		185.34	185.3			185.34		.13
SNF/ICF/TRANS IP CARE	0	0		.00		.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	. (.00		.00
EXAMINATIONS	0	0		.00	. (.00		.00
SERVICES AND MATERIALS	0	0		.00	. (.00		.00
INPATIENT HOSPITAL SURGERY	4	38		2,814.15	74.0			703.54		1.92
PRINCIPAL SURGEON	3	6		1,645.50	274.2			548.50		1.12
ASSISTANT SURGEON	1	1		236.04	236.0			236.04		.16
ANESTHESIOLOGIST	1	31		932.61	30.0			932.61		.64
OUTPATIENT SURGERY	13	42		2,268.40	54.0			174.49		1.55
PRINCIPAL SURGEON	8	9		1,197.10	133.0			149.64		.82
ASSISTANT SURGEON	0	0		.00	. (.00		.00
ANESTHESIOLOGIST	5	33		1,071.30	32.4			214.26		.73
DIALYSIS	0	0		.00	. (.00		.00
PATHOLOGY	8	11		38.11	3.4			4.76		.03
RADIOLOGY	16	33		1,187.35	35.9			74.21		.81
PSYCHIATRY	0	0		.00	. (.00		.00
IMMUNIZATION AND INJECTION	1	3		5.45	1.8			5.45		.00
OTHER SERVICES/ALL X-OVERS	151	459		6,184.89	13.4	.313		40.96		4.22
@PHARMACY	1,050	77,257	\$		\$ 6.0		\$	443.75	\$	318.05
PRESCRIPTION DRUGS	950	4,220		429,603.17	101.8			452.21		293.24
SNF/ICF	64	495		93,110.52	188.1			1454.85		63.56
OUTPATIENTS	906	3,725		336,492.65	90.3			371.40		229.69
MEDICAL SUPPLIES	307	73,037		36,338.29				118.37		24.80
@DENTIST	70	178	\$		\$ 43.1		\$	109.60	\$	5.24
VISITS - DIAGNOSTIC	47	110	·	1,986.15	18.0		•	42.26	•	1.36
ORAL SURGERY	8	22		893.75	40.6			111.72		.61
DRUGS	0	0		.00	. (.000		.00		.00
ANESTHESIA	0	0		.00	. (.00		.00
PERIODONTICS	4	5		291.00	58.2			72.75		.20
ENDODONTICS	2	2		545.00	272.5			272.50		.37
RESTORATIVE DENTISTRY	13	30		1,941.25	64.			149.33		1.33
PROSTHETICS	1	1		30.00	30.0			30.00		.02

DENTURES, STAYPLATES	4	8	1,935.00	241.88	.005	483.75	1.32
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.001	50.00	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	1CR	.00	.00	.001CR	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES MONT	H-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 6,470
MOP024	FEE-FOR-SERVICE/DENT	TAL					03/14/05
MARIN COUNTY	SUMMARY OF SERVICES	FOR IN HOME SUPPOR	T - TOTAL				
					MONTH	ILY AVERAC	TE

1,465 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER	COST PER ELIGIBLE .07
	.07
@OPTOMETRIST 2 6 \$ 106.22 \$ 17.70 .004 \$ 53.11 \$	
DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .00 .00	.00
EYE APPLIANCES 2 6 106.22 17.70 .004 53.11	.07
OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00	.00
@CHIROPRACTOR 0 0 \$.00 \$.00 .000 \$.00 \$.00
VISITS 0 0 0 .00 .00 .00 .00	.00
OTHER SERVICES 0 0 .00 .00 .00 .00 .00	.00
@PODIATRIST 12 18 \$ 292.47 \$ 16.25 .012 \$ 24.37 \$.20
MEDICINE/INJECTIONS 2 2 69.20 34.60 .001 34.60	.05
SURGERY/ANES. 0 0 .00 .00 .00 .00 .00	.00
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00 .00	.00
OTHER 10 16 223.27 13.95 .011 22.33	.15
@HOME HEALTH AGENCY 6 408 \$ 12,394.83 \$ 30.38 .278 \$ 2065.81 \$	8.46
NURSE ANESTHESIST 0 0 \$.00 \$.00 \$.00 \$.00 \$.00
NURSE MIDWIFE 0 0 \$.00 \$.00 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00 \$.00
FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00 \$.00
@TOTAL HOSPITAL 139 864 \$ 94,947.66 \$ 109.89 .590 \$ 683.08 \$	64.81
HOSP INPATIENT TOTAL 23 37 75,278.40 2034.55 .025 3272.97	51.38
HSC HOSPITALS 7 36 58,768.00 1632.44 .025 8395.43	40.11

NON-HSC HOSPITAL TOTAL	1	1			611.74		611.74	.00	1	611.74		.42
ACCOMMODATIONS	1	1			231.30		231.30	.00	1	231.30		.16
ADMINISTRATIVE DAYS	0	0			.00		.00	.00	0	.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.00	0	.00		.00
ALL OTHER ACCOM	1	1			231.30		231.30	.00	1	231.30		.16
ANCILLARIES	1	0			380.44		.00	.00	0	380.44		.26
INPATIENT CROSSOVERS	15	0			15,898.66		.00	.00	0	1059.91		10.85
ALL OTHER INPATIENT	0	0			.00		.00	.00	0	.00		.00
HOSP OUTPATIENT TOTAL	122	827			19,669.26		23.78	.56	5	161.22		13.43
MEDICAL	13	23			1,569.02		68.22	.01	. 6	120.69		1.07
SURGERY	6	8			242.71		30.34	.00	15	40.45		.17
PATHOLOGY	12	88			819.29		9.31	.06	0	68.27		.56
RADIOLOGY	17	28			2,479.54		88.56	.01	.9	145.86		1.69
ROOM USE	17	20			624.97		31.25	.01	. 4	36.76		.43
CROSSOVERS/ALL OTH OUTPINT	100	660			13,933.73		21.11	.45	1	139.34		9.51
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.00	0	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00	.00	0	.00		.00
HSC HOSPITALS	0	0			.00		.00	.00	0	.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.00	0	.00		.00
ACCOMMODATIONS	0	0			.00		.00	.00	0	.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.00	0	.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.00	0	.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.00	0	.00		.00
ANCILLARIES	0	0			.00		.00	.00	0	.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.00	0	.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.00	0	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0			.00		.00	.00	0	.00		.00
MEDICAL	0	0			.00		.00	.00		.00		.00
SURGERY	0	0			.00		.00	.00	0	.00		.00
PATHOLOGY	0	0			.00		.00	.00	0	.00		.00
RADIOLOGY	0	0			.00		.00	.00		.00		.00
ROOM USE	0	0			.00		.00	.00		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0			.00		.00	.00		.00		.00
	MEDI-CAL SERVICES AND		RES	MONTH-C	F-PAYMENT R	EPOR'	I FOR JAN	2004 THR	U D	DEC 2004	PAG	GE 6,471
	FEE-FOR-SERVICE/DENTAL											03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FO	OR IN HOM	E SU	PPORT -	- TOTAL							
1 465			_						MC	NTHLY AVERA	GE	

1,465 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	139	864 \$	94,947.66	\$ 109.89	.590	683.08	\$ 64.81
COMM HOSP INPATIENT TOTAL	23	37	75,278.40	2034.55	.025	3272.97	51.38
HSC HOSPITALS	7	36	58,768.00	1632.44	.025	8395.43	40.11
NON-HSC HOSPITALS TOTAL	1	1	611.74	611.74	.001	611.74	.42
ACCOMMODATIONS	1	1	231.30	231.30	.001	231.30	.16
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	231.30	231.30	.001	231.30	.16
ANCILLARIES	1	0	380.44	.00	.000	380.44	.26
INPATIENT CROSSOVERS	15	0	15,898.66	.00	.000	1059.91	10.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	122	827	19,669.26	23.78	.565	161.22	13.43
MEDICAL	13	23	1,569.02	68.22	.016	120.69	1.07
SURGERY	6	8	242.71	30.34	.005	40.45	.17
PATHOLOGY	12	88	819.29	9.31	.060	68.27	.56
RADIOLOGY	17	28	2,479.54	88.56	.019	145.86	1.69
ROOM USE	17	20	624.97	31.25	.014	36.76	.43

anagarina (a.t. anii alimpini	1.00	660		12 022 72		01 11	4 - 1		100 04		0 51
CROSSOVERS/ALL OTH OUTPINT	100	660	<u> </u>	13,933.73	<u> </u>	21.11	.451	<u> </u>	139.34	<u>^</u>	9.51
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	18	376	\$	61,202.61	\$	162.77	.257	\$	3400.15	Ş	41.78
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	18	376		61,202.61		162.77	.257		3400.15		41.78
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	8	25	\$	386.40	\$	15.46	.017	\$	48.30	\$.26
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	8	25		386.40		15.46	.017		48.30		.26
@LABORATORY FACILITY	20	80	\$	838.31	\$	10.48	.055	\$	41.92	\$.57
PATHOLOGY	15	66		658.83	·	9.98	.045		43.92		.45
XO AND OTHERS	6	14		179.48		12.82	.010		29.91		.12
@ORGANIZED OUTPATIENT CLINIC	61	94	\$	3,732.10	\$	39.70	.064	\$	61.18	\$	2.55
CLINIC	5	15		208.42	·	13.89	.010		41.68		.14
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	57	79		3,523.68		44.60	.054		61.82		2.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES M	-	EPOR			DEC		P.	AGE 6,472
MOP024	FEE-FOR-SERVICE/DEI										03/14/05
MARIN COUNTY	SUMMARY OF SERVICES		E SUF	PPORT - TOTAL							, ,
			_ ~ ~ ~ 1	10111			M	ОИТ	HLY AVERA	GE -	
1,465 ELIGIBLES	USERS UNI	ITS OF SERVICE	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY		COST PER	-	COST PER
,		R DAYS OF CAR					PER ELIG		USER		ELIGIBLE

					MON	ITHLY AVERA	GE
1,465 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	409	34,327 \$	152,181.15	\$ 4.43	23.431 \$	372.08	\$ 103.88
DURABLE MED. EQUIP.	13	78	11,479.93	147.18	.053	883.07	7.84
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	5	125.00	25.00	.003	31.25	.09
MEDICAL TRANSPORTATION	19	141	1,700.58	12.06	.096	89.50	1.16
AMBULANCES/AIR TRANS	10	60	1,157.03	19.28	.041	115.70	.79
OTHER TRANS	2	12	78.85	6.57	.008	39.43	.05
OTHER SERVICES	7	69	464.70	6.73	.047	66.39	.32
ACUPUNCTURE	8	21	373.05	17.76	.014	46.63	.25
ADULT DAY HEALTH CARE CTR	54	865	59 , 899.69	69.25	.590	1109.25	40.89
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	177	1,163	62,414.74	53.67	.794	352.63	42.60
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	25	339.67	13.59	.017	48.52	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	1	10	1,323.70	132.37	.007	1323.70	.90
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	407	5,331.39	13.10	.278	484.67	3.64
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	165	31,612	9,193.40	.29	21.578	55.72	6.28
@CALIF. CHILDREN SERVICES*	34	1,315	\$ 62,796.73	\$ 47.75	.898	\$ 1846.96	\$ 42.86
@XOVER EXCLUDING STATE HOSP**	372	10,033	\$ 52,584.07	\$ 5.24	6.848	\$ 141.36	\$ 35.89

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,473
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

MARIN COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - AGED					
							NTHLY AVERA	-	
10,647 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	7,823	221,184	\$	4,825,570.80	\$ 21.82	20.774			453.23
@PHYSICIANS SERVICES	1,451	4,115	\$		\$ 17.29	.386	•	\$	6.68
OUTPATIENT VISITS	70	102		4,304.62	42.20	.010	61.49		.40
OFFICE VISITS	53	64		2,318.15	36.22	.006	43.74		.22
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	18	36		1,901.35	52.82	.003	105.63		.18
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	2	2		85.12	42.56	.000	42.56		.01
INPATIENT VISITS	12	14		659.70	47.12	.001	54.98		.06
HOSPITAL VISITS	6	6		301.00	50.17	.001	50.17		.03
CRITICAL CARE	1	1		121.60	121.60	.000	121.60		.01
SNF/ICF/TRANS IP CARE	6	7		237.10	33.87	.001	39.52		.02
OPHTHALMOLOGICAL SERVICES	10	11		471.86	42.90	.001	47.19		.04
EXAMINATIONS	10	11		471.86	42.90	.001	47.19		.04
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	1	1		271.41	271.41	.000	271.41		.03
PRINCIPAL SURGEON	1	1		271.41	271.41	.000	271.41		.03
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	7	7		779.89	111.41	.001	111.41		.07
PRINCIPAL SURGEON	7	7		779.89	111.41	.001	111.41		.07
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	8	22		96.94	4.41	.002	12.12		.01
RADIOLOGY	24	35		591.13	16.89	.003	24.63		.06
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1,374	3,923		63,975.54	16.31	.368	46.56		6.01
@PHARMACY	6,518	139,144	\$	2,033,352.36	\$ 14.61	13.069	\$ 311.96	\$	190.98
PRESCRIPTION DRUGS	6,365	23,552		1,963,518.68	83.37	2.212	308.49		184.42
SNF/ICF	393	2,537		184,738.92	72.82	.238	470.07		17.35
OUTPATIENTS	6,033	21,015		1,778,779.76	84.64	1.974	294.84		167.07
MEDICAL SUPPLIES	676	115,592		69,833.68	.60	10.857	103.30		6.56
@DENTIST	568	1,832	\$	71,117.06	\$ 38.82	.172		\$	6.68
VISITS - DIAGNOSTIC	375	1,169	-	15,118.78	12.93	.110	40.32	-	1.42
ORAL SURGERY	58	123		5,804.98	47.19	.012	100.09		.55

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PRIIGG	0	0		0.0		0.0	0.00		0.0		0.0
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	29	31		2,820.36		90.98	.003		.25		.26
ENDODONTICS	17	18		3,572.13		198.45	.002		.13		.34
RESTORATIVE DENTISTRY	124	232		15,342.81		66.13	.022	123	.73		1.44
PROSTHETICS	9	9		200.00		22.22	.001	22	.22		.02
DENTURES, STAYPLATES	99	249		28,258.00		113.49	.023		.43		2.65
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0									
ORTHODONTIC SERVICES		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	12	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES 1	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU D	EC 2004		P	AGE 6,474
MOP024	FEE-FOR-SERVICE	C/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASSI	ISTANCE - AGED							
							MOI	NTHLY A	VERA	GE	
10,647 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST	PER		COST PER
		OR DAYS OF CAR					PER ELIG	USE			ELIGIBLE
@OPTOMETRIST	82	225	\$	4,975.10	\$	22.11	.021		.67		.47
DIAGNOSTIC AND ANC. PROCED	23	25	Y	904.94	Y	36.20	.002		.35	Y	.08
	59										
EYE APPLIANCES		192		3,425.42		17.84	.018		.06		.32
OTHER OPTOMETRIC SERVICES	13	8		644.74		80.59	.001		.60		.06
@CHIROPRACTOR	2	3	\$	32.70	\$	10.90	.000	3 16	.35	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	2	3		32.70		10.90	.000	16	.35		.00
@PODIATRIST	104	137	\$	1,108.44	\$	8.09	.013	10	.66	\$.10
MEDICINE/INJECTIONS	7	7		232.70		33.24	.001	33	.24		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	97	130		875.74		6.74	.012		.03		.08
@HOME HEALTH AGENCY	11	66	Ċ	4,503.82	\$	68.24	.006		.44	Ċ	.42
			ب د								
NURSE ANESTHESIST	0	0	Ş	.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	4	12	\$	97.19	\$	8.10	.001		.30		.01
@TOTAL HOSPITAL	807	3 , 835	\$	622,885.99		162.42	.360		.85	\$	58.50
HOSP INPATIENT TOTAL	112	342		534,419.69	1	562.63	.032	4771	.60		50.19
HSC HOSPITALS	51	306		401,150.91	1	310.95	.029	7865	.70		37.68
NON-HSC HOSPITAL TOTAL	8	36		61,600.17		711.12	.003	7700			5.79
ACCOMMODATIONS	8	36		15,833.51		439.82	.003	1979			1.49
ADMINISTRATIVE DAYS	1	4		751.17		187.79	.000		.17		.07
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	8	32				471.32		1885			1.42
ALL OTHER ACCOM				15,082.34			.003				
ANCILLARIES	8	0		45,766.66		.00	.000	5720			4.30
INPATIENT CROSSOVERS	56	0		71,668.61		.00	.000	1279			6.73
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	717	3,493		88,466.30		25.33	.328	123	.38		8.31
MEDICAL	18	29		1,048.79		36.17	.003	58	.27		.10
SURGERY	3	3		74.35		24.78	.000	24	.78		.01
PATHOLOGY	19	84		1,028.12		12.24	.008	54	.11		.10
RADIOLOGY	19	28		1,729.16		61.76	.003		.01		.16
ROOM USE	28	49		1,665.36		33.99	.005		.48		.16
CROSSOVERS/ALL OTH OUTPINT	677			82,920.52		25.13	.310		.48		
		3,300	Ċ	•	ċ					Ċ	7.79
@COUNTY HOSPITAL TOTAL	1	5	\$	201.98	\$	40.40		\$ 201	.98	Þ	.02
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	5	201.98	40.40	.000	201.98	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	5	201.98	40.40	.000	201.98	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MC	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	EC 2004	PAGE 6,475
MOP024	FEE-FOR-SERVICE	'DENTAL					03/14/05
MARIN COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC ASSIS	TANCE - AGED				
							CT
					MON	NTHLY AVERA	GE
10,647 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	NTHLY AVERA COST PER	COST PER
10,647 ELIGIBLES		OR DAYS OF CARE		PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	USERS 806		EXPENDITURES 622,684.01	PER UNIT/DAY \$ 162.58	UNITS/DAYS PER ELIG .360	COST PER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	806 112	OR DAYS OF CARE 3,830 \$ 342	622,684.01 534,419.69	PER UNIT/DAY \$ 162.58 1562.63	UNITS/DAYS PER ELIG .360 \$.032	COST PER USER 772.56 4771.60	COST PER ELIGIBLE \$ 58.48 50.19
@COMMUNITY HOSPITAL TOTAL	806	OR DAYS OF CARE 3,830 \$ 342 306	622,684.01 534,419.69 401,150.91	PER UNIT/DAY \$ 162.58 1562.63 1310.95	UNITS/DAYS PER ELIG .360 S .032 .029	COST PER USER 772.56 4771.60 7865.70	COST PER ELIGIBLE \$ 58.48 50.19 37.68
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	806 112	OR DAYS OF CARE 3,830 \$ 342 306 36	622,684.01 534,419.69 401,150.91 61,600.17	PER UNIT/DAY \$ 162.58 1562.63 1310.95 1711.12	UNITS/DAYS PER ELIG .360 \$.032	COST PER USER 772.56 4771.60 7865.70 7700.02	COST PER ELIGIBLE \$ 58.48 50.19 37.68 5.79
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	806 112	OR DAYS OF CARE 3,830 \$ 342 306	622,684.01 534,419.69 401,150.91	PER UNIT/DAY \$ 162.58 1562.63 1310.95	UNITS/DAYS PER ELIG .360 S .032 .029	COST PER USER 772.56 4771.60 7865.70	COST PER ELIGIBLE \$ 58.48 50.19 37.68
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	806 112	OR DAYS OF CARE 3,830 \$ 342 306 36	622,684.01 534,419.69 401,150.91 61,600.17 15,833.51 751.17	PER UNIT/DAY \$ 162.58 1562.63 1310.95 1711.12	UNITS/DAYS PER ELIG .360 \$.032 .029 .003	COST PER USER 772.56 4771.60 7865.70 7700.02 1979.19 751.17	COST PER ELIGIBLE \$ 58.48 50.19 37.68 5.79
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	806 112	OR DAYS OF CARE 3,830 \$ 342 306 36 4 0	622,684.01 534,419.69 401,150.91 61,600.17 15,833.51 751.17	PER UNIT/DAY \$ 162.58 1562.63 1310.95 1711.12 439.82 187.79 .00	UNITS/DAYS PER ELIG .360 \$.032 .029 .003 .003	COST PER USER 772.56 4771.60 7865.70 7700.02 1979.19 751.17 .00	COST PER ELIGIBLE \$ 58.48 50.19 37.68 5.79 1.49 .07
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	806 112	OR DAYS OF CARE 3,830 \$ 342 306 36	622,684.01 534,419.69 401,150.91 61,600.17 15,833.51 751.17	PER UNIT/DAY \$ 162.58 1562.63 1310.95 1711.12 439.82 187.79	UNITS/DAYS PER ELIG .360 \$.032 .029 .003 .003 .000	COST PER USER 772.56 4771.60 7865.70 7700.02 1979.19 751.17	COST PER ELIGIBLE \$ 58.48 50.19 37.68 5.79 1.49 .07
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	806 112 51 8 8 1 0 8	OR DAYS OF CARE 3,830 \$ 342 306 36 4 0	622,684.01 534,419.69 401,150.91 61,600.17 15,833.51 751.17 .00 15,082.34 45,766.66	PER UNIT/DAY \$ 162.58 1562.63 1310.95 1711.12 439.82 187.79 .00	UNITS/DAYS PER ELIG .360 \$.032 .029 .003 .003 .000 .000 .000	COST PER USER 772.56 4771.60 7865.70 7700.02 1979.19 751.17 .00 1885.29 5720.83	COST PER ELIGIBLE \$ 58.48 50.19 37.68 5.79 1.49 .07 .00 1.42 4.30
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	806 112	OR DAYS OF CARE 3,830 \$ 342 306 36 4 0	622,684.01 534,419.69 401,150.91 61,600.17 15,833.51 751.17 .00 15,082.34	PER UNIT/DAY \$ 162.58 1562.63 1310.95 1711.12 439.82 187.79 .00 471.32	UNITS/DAYS PER ELIG .360 \$.032 .029 .003 .003 .000 .000 .000	COST PER USER 772.56 4771.60 7865.70 7700.02 1979.19 751.17 .00 1885.29	COST PER ELIGIBLE \$ 58.48 50.19 37.68 5.79 1.49 .07 .00 1.42

COMM HOSP OUTPATIENT TOTAL	716	3,488		88,264.32		25.31	.328		123.27		8.29
MEDICAL	18	29		1,048.79		36.17	.003		58.27		.10
SURGERY	3	3		74.35		24.78	.003		24.78		.01
PATHOLOGY	19	84		1,028.12		12.24	.008		54.11		.10
	19	28				61.76	.003		91.01		.16
RADIOLOGY ROOM USE	28	28 49		1,729.16			.003		59.48		.16
				1,665.36							
CROSSOVERS/ALL OTH OUTPTNT	0	3,295	Ċ	82,718.54	Ċ	25.10 .00	.309	ć	122.36	ċ	7.77
@STATE HOSPITAL	0	0	\$.00	\$			\$.00	Ş	
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	-	0	Ċ	.00	Ċ	.00	.000	ć	.00	ċ	.00
@NURSING FACILITY	320	8,913	\$	1,433,916.43	\$.837	\$		Ş	134.68
LEV A-INTERMEDIATE	1	81		7,252.74		89.54	.008		7252.74		.68
LEV B-REHAB MD	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	12	366		202,335.57		552.83	.034		16861.30		19.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	312	8,466		1,224,328.12		144.62	.795		3924.13		114.99
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	60	73	\$	37,003.17	\$	506.89	.007	\$	616.72	\$	3.48
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	60	73		37,003.17		506.89	.007		616.72		3.48
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	67	229	\$	2,127.37	\$	9.29	.022	\$	31.75	\$.20
PATHOLOGY	26	121		904.65		7.48	.011		34.79		.08
XO AND OTHERS	41	108		1,222.72		11.32	.010		29.82		.11
@ORGANIZED OUTPATIENT CLINIC	713	911	\$	39,451.59	\$	43.31	.086	\$	55.33	\$	3.71
CLINIC	4	5		145.93		29.19	.000		36.48		.01
SURGICENTER	29	30		4,934.71		164.49	.003		170.16		.46
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	683	876		34,370.95		39.24	.082		50.32		3.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES MC	NTH-OF-PAYMENT RI	EPOR'	r for Jan 20	004 THRU	DEC	2004	PA	AGE 6,476
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FO	R PUBLIC	C ASSIS	TANCE - AGED							

10 647 ELICIPIES	HCEDC	INTER OF CEDUTCE	EADENDIMIDEC	AVERAGE COST	IINITEC / DAVC	COST PER	COST PER
10,647 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,411	61,689	\$ 503,848.49	\$ 8.17	5.794 \$	357.09	\$ 47.32
DURABLE MED. EQUIP.	31	93	7,699.50	82.79	.009	248.37	.72
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	64	84	9,917.03	118.06	.008	154.95	.93
MEDICAL TRANSPORTATION	43	368	3,202.46	8.70	.035	74.48	.30
AMBULANCES/AIR TRANS	18	178	2,123.17	11.93	.017	117.95	.20
OTHER TRANS	9	46	328.91	7.15	.004	36.55	.03
OTHER SERVICES	17	144	750.38	5.21	.014	44.14	.07
ACUPUNCTURE	36	138	2,427.55	17.59	.013	67.43	.23
ADULT DAY HEALTH CARE CTR	196	3,189	219,630.38	68.87	.300	1120.56	20.63
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	515	2,892	167,137.09	57.79	.272	324.54	15.70
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	179	656	8,572.21	13.07	.062	47.89	.81
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

PORTABLE X-RAY	13	20	174.12	8.71	.002	13.39	.02
PROSTHETIST/ORTHOTISTS	4	5	229.74	45.95	.000	57.44	.02
PROSTHETICS	4	5	229.74	45.95	.000	57.44	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	9	61.17	6.80	.001	61.17	.01
SPEECH AND AUDIOLOGY	17	31	5,400.29	174.20	.003	317.66	.51
HOSPICE SERVICES	15	418	57 , 076.73	136.55	.039	3805.12	5.36
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	538	53 , 786	22,320.22	.41	5.052	41.49	2.10
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,336	13,577	\$ 340,768.29	\$ 25.10	1.275	\$ 145.88	\$ 32.01

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,477 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

MARIN COUNTY	SUMMARI OF SER	VICES FOR PUBLIC AS:	SISTANCE - BLI	ND		1/01		0.77
006						MON		
936 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDIT		AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	709	37,438 \$	646 , 38		17.27	39.998		•
@PHYSICIANS SERVICES	129	369 \$			19.54	.394		
OUTPATIENT VISITS	32	39	1,53		39.31	.042	47.91	1.64
OFFICE VISITS	21	24		1.29	32.14	.026	36.73	.82
HOME VISITS	4	5		1.50	32.30	.005	40.38	.17
EMERGENCY ROOM	10	10	60	0.24	60.02	.011	60.02	.64
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	8	37	2,01	0.79	54.35	.040	251.35	2.15
HOSPITAL VISITS	4	27	1,69	9.03	62.93	.029	424.76	1.82
CRITICAL CARE	1	1	6	4.26	64.26	.001	64.26	.07
SNF/ICF/TRANS IP CARE	3	9	24	7.50	27.50	.010	82.50	.26
OPHTHALMOLOGICAL SERVICES	6	9	34	7.59	38.62	.010	57.93	.37
EXAMINATIONS	6	9	34	7.59	38.62	.010	57.93	.37
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	5	9.20	59.20	.001	59.20	.06
PRINCIPAL SURGEON	1	1	5	9.20	59.20	.001	59.20	.06
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	9	33	2.64	36.96	.010	83.16	.36
PRINCIPAL SURGEON	3	4	13	5.93	33.98	.004	45.31	.15
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	5	19	6.71	39.34	.005	98.36	.21
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	20	8	3.29	4.16	.021	27.76	.09
RADIOLOGY	7	12	11	5.06	9.59	.013	16.44	.12
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	5	2	7.25	5.45	.005	9.08	.03
OTHER SERVICES/ALL X-OVERS	82	237	2,70	0.68	11.40	.253	32.94	2.89
@PHARMACY	577	17,519 \$	•	4.39 \$		18.717		\$ 229.02
PRESCRIPTION DRUGS	553	2,120	200,34		94.50	2.265	362.29	214.04
		·	•					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	19	222		12 , 031.28		54.19	.237		633.23		12.85	
OUTPATIENTS	536	1,898		188,313.99		99.22	2.028		351.33		201.19	
MEDICAL SUPPLIES	117 1	.5,399		14,019.12		.91	16.452		119.82		14.98	
@DENTIST	40	157	\$	7,126.75	\$	45.39	.168	\$	178.17	\$	7.61	
VISITS - DIAGNOSTIC	25	94		1,332.75		14.18	.100		53.31		1.42	
ORAL SURGERY	6	34		1,430.00		42.06	.036		238.33		1.53	
DRUGS	0	0		.00		.00	.000		.00		.00	
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.11	
PERIODONTICS	3	3		518.00		172.67	.003		172.67		.55	
ENDODONTICS	2	2		475.00		237.50	.002		237.50		.51	
RESTORATIVE DENTISTRY	10	17		1,191.00		70.06	.018		119.10		1.27	
PROSTHETICS	0	0		.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	3	6		2,080.00		346.67	.006		693.33		2.22	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH	-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PAG	GE 6,478	
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05	
MARIN COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSISTAN	CE - BLIND								

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----- MONTHLY AVERAGE -----936 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 16 \$ 577.24 \$ 36.08 .017 \$ 144.31 \$.62 3 3 3 13 0 0 54.00 54.00 DIAGNOSTIC AND ANC. PROCED 162.00 .003 .17 415.24 31.94 .014 138.41 EYE APPLIANCES .000 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$ 0 0 0 11 \$ 1 .00 .00 .00 VISITS .000 .00 OTHER SERVICES .00 .000 .00 37.95 \$ 3.45 .012 \$ 4.22 \$ @PODIATRIST 24.00 24.00 24.00 MEDICINE/INJECTIONS .001 .03 .00 .00 .00 SURGERY/ANES. .000 .00 .00 RADIO./PATHOLOGY 0 .00 .000 OTHER 10 13.95 1.40 .011 1.74 .01 1,768 1.889 \$ 7519.02 \$ @HOME HEALTH AGENCY 56.23 0 .000 \$.00 \$.00 NURSE ANESTHESIST .00 \$.00 NURSE MIDWIFE 0 .00 PEDIATRIC NURSE PRACTITIONER .00 \$ 0 \$ FAMILY NURSE PRACTITIONER .00 \$ 75 259 @TOTAL HOSPITAL .277 \$ 387.85 \$ 31.08 8 HOSP INPATIENT TOTAL 2900.34 24.79 .00 HSC HOSPITALS 9027.36 NON-HSC HOSPITAL TOTAL 19.29 2685.00 5.74 ACCOMMODATIONS .00 ADMINISTRATIVE DAYS 0 0 TRANSITIONAL IP CARE .00 .00 8 2685.00 ALL OTHER ACCOM 5.74 0 .000 6342.36 ANCILLARIES 13.55 6 0 0 858.00 5.50 INPATIENT CROSSOVERS .00 ALL OTHER INPATIENT .00 69 251 85.31 HOSP OUTPATIENT TOTAL 12 14 653.17 46.66 54.43 MEDICAL .015 .70 50.20 25.10 908.77 14.90 2 25.10 .05 SURGERY .002 PATHOLOGY .065 56.80 .97

RADIOLOGY	5	5		372.23	74.45	.005	74.45	. 4	0
ROOM USE	18	23		957.98	41.65	.025	53.22	1.0	2
CROSSOVERS/ALL OTH OUTPINT	46	146		2,944.00	20.16	.156	64.00	3.1	5
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.0	0
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.0	0
HSC HOSPITALS	0	0		.00	.00	.000	.00	.0	0
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.0	0
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.0	0
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.0	0
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.0	0
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.0	0
ANCILLARIES	0	0		.00	.00	.000	.00	.0	0
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.0	0
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.0	0
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.0	0
MEDICAL	0	0		.00	.00	.000	.00	.0	0
SURGERY	0	0		.00	.00	.000	.00	.0	0
PATHOLOGY	0	0		.00	.00	.000	.00	.0	0
RADIOLOGY	0	0		.00	.00	.000	.00	.0	0
ROOM USE	0	0		.00	.00	.000	.00	.0	0
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.0	0
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU:	RES N	MONTH-OF-PAYMENT REP	PORT FOR JAN	2004 THRU D	EC 2004	PAGE 6,	479
MOP024	FEE-FOR-SERVICE/DENTAL							03/14	/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSI	STANCE - BLIND					
						MO	NTHLY AVERAC	SE	-

----- MONTHLY AVERAGE -----USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 936 ELIGIBLES UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 29,089.06 \$ 112.31 .277 \$ 387.85 \$ @COMMUNITY HOSPITAL TOTAL 259 \$ 75 31.08 2900.34 2900.34 24.79 COMM HOSP INPATIENT TOTAL 23,202.71 .009 2900.34 .00 2256.84 671.25 .00 .00 671.25 .00 .00 .00 23.45 46.66 25.10 .00 HSC HOSPITALS 0 .000 .00 .00 2256.84 9027.36 18,054.71 NON-HSC HOSPITALS TOTAL .009 19.29 5,370.00 2685.00 ACCOMMODATIONS .009 5.74 .00 .00 ADMINISTRATIVE DAYS .000 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 5,370.00 .009 2685.00 ALL OTHER ACCOM ANCILLARIES 12,684.71 .000 6342.36 13.55 0 INPATIENT CROSSOVERS 5,148.00 .000 858.00 5.50 0 .000 .00 ALL OTHER INPATIENT .00 .00 COMM HOSP OUTPATIENT TOTAL 69 251 5,886.35 .268 85.31 6.29 MEDICAL 12 14 653.17 .015 54.43 .70 2 2 50.20 .002 25.10 SURGERY 908.77 14.90 PATHOLOGY 16 61 .065 56.80 .97 RADIOLOGY 5 5 372.23 74.45 .005 74.45 .40 53.22 23 957.98 41.65 .025 CROSSOVERS/ALL OTH OUTPTNT 46 146 2,944.00 20.16 .156 64.00 3.15 .00 \$ @STATE HOSPITAL Ω 0 .00 \$.00 .000 \$.00 0 0 .00 .00 .000 .00 MENTALLY ILL 0 0 DEVELOP. DISABLED .00 .00 .000 .00 .00 532 78,879.32 \$ 148.27 .568 \$ 3429.54 \$ @NURSING FACILITY 84.27 0 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 LEV B-REHAB MD 0 .00 .00 .000 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00 .00 .000 LEV B-SUBACUTE HSPTL BASED 0 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .000 .00 .00 532 78,879.32 .568 3429.54 LEV B-REGULAR 148.27 84.27 @INTERMEDIATE CARE FACIL.-DD 364 61,951.96 \$ 170.20 .389 \$ 5162.66 \$

ICF DDH	12	364		61,951.96		170.20	.389		5162.66		66.19
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	10	14	\$	7,342.64	\$	524.47	.015	\$	734.26	\$	7.84
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	10	14		7,342.64		524.47	.015		734.26		7.84
@REHABILITATION FACILITY	16	144	\$	2,123.53	\$	14.75	.154	\$	132.72	\$	2.27
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	16	144		2,123.53		14.75	.154		132.72		2.27
@LABORATORY FACILITY	15	42	\$	621.94	\$	14.81	.045	\$	41.46	\$.66
PATHOLOGY	15	42		621.94		14.81	.045		41.46		.66
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	37	53	\$	2,855.83	\$	53.88	.057	\$	77.18	\$	3.05
CLINIC	8	18		343.95		19.11	.019		42.99		.37
SURGICENTER	2	2		349.84		174.92	.002		174.92		.37
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	27	33		2,162.04		65.52	.035		80.08		2.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2004 THRU	DEC	2004	P.	AGE 6,480
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASSI	STANCE - BLIND							
							M	ONT	HLY AVERA	GΕ	
936 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	198	16,190	\$	181,569.90			17.297	\$	917.02	\$	193.98
DURABLE MED. EQUIP.	32	130		17,023.86		130.95	.139		532.00		18.19
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	12	16		2,827.84		176.74	.017		235.65		3.02
MEDICAL TRANSPORTATION	10	159		1,446.98		9.10	.170		144.70		1.55
AMBULANCES/AIR TRANS	6	122		1,147.18		9.40	.130		191.20		1.23
OTHER TRANS	1	3		33.11		11.04	.003		33.11		.04
OTHER SERVICES	3	34		266.69		7.84	.036		88.90		.28
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	15	337	21,038.05	62.43	.360	1402.54	22.48
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	40	2,072	65,138.68	31.44	2.214	1628.47	69.59
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	22	1,410.83	64.13	.024	235.14	1.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	60.68	15.17	.004	30.34	.06
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	62.76	20.92	.003	62.76	.07
SPEECH AND AUDIOLOGY	24	98	3,624.84	36.99	.105	151.04	3.87
HOSPICE SERVICES	3	92	16,730.48	181.85	.098	5576.83	17.87
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	41	3,493	48,585.99	13.91	3.732	1185.02	51.91
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	48	9,764	3,618.91	.37	10.432	75.39	3.87
@CALIF. CHILDREN SERVICES*	49	416	\$ 60,188.43	\$ 144.68	.444	\$ 1228.34	\$ 64.30
@XOVER EXCLUDING STATE HOSP**	142	544	\$ 24,233.29	\$ 44.55	.581	\$ 170.66	\$ 25.89

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,481
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

----- MONTHLY AVERAGE -----

35,803 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 27,856 23.229 \$ 922.03 \$ @TOTAL, ALL PROVIDERS 831,673 25,684,137.46 \$ 30.88 717.37 @PHYSICIANS SERVICES 7,141 21,578 839,041.52 \$ 38.88 .603 \$ 117.50 \$ 5.59 OUTPATIENT VISITS 3,238 4,717 199,978.19 42.40 .132 61.76 OFFICE VISITS 1,907 2,688 83,305.23 30.99 .075 43.68 61 67 41.47 HOME VISITS 2,529.80 37.76 .002 .07 61.32 .00 120.00 26.71 48.88 EMERGENCY ROOM 1,387 1,781 109,216.07 .050 78.74 3.05 PREVENTIVE CARE 0 0 .00 .000 .00 .00 1 1 .000 OB VISITS/COMPRE PERI 120.00 120.00 180 140 4,807.09 26.71 .005 34.34 OTHER OUTPATIENT .13 786 2,706 168.27 INPATIENT VISITS 132,256.69 .076 3.69 2,158 98,025.05 45.42 174.42 HOSPITAL VISITS .060 CRITICAL CARE 66 196 22,588.32 115.25 .005 342.25 .63 224 SNF/ICF/TRANS IP CARE 352 11,643.32 33.08 .010 51.98 .33 170 48.74 199 8,285.98 41.64 .006 OPHTHALMOLOGICAL SERVICES 170 EXAMINATIONS 199 8,285.98 41.64 .006 48.74 .23 0 .00 Ω .00 .00 .000 .00 SERVICES AND MATERIALS 188 1,033 94,593.16 91.57 .029 503.16 INPATIENT HOSPITAL SURGERY 74,306.60 136 226 328.79 .006 546.37 PRINCIPAL SURGEON 2.08 18 2,800.59 155.59 155.59 ASSISTANT SURGEON 18 .001 .08 63 22.16 277.56 ANESTHESIOLOGIST 789 17,485.97 .022 522 1,435 OUTPATIENT SURGERY 86,152.48 60.04 .040 165.04 2.41 113.30 394 570 64,580.01 163.91 PRINCIPAL SURGEON .016 1.80 2 169.84 .000 169.84 ASSISTANT SURGEON 339.67 145 21,232.80 24.60 ANESTHESIOLOGIST 863 .024 146.43 .59 32 95 10,297.06 DIALYSIS 108.39 .003 321.78 .29 PATHOLOGY 280 1,036 8,573.24 .029 30.62

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	1,483	2,796		121,072.82		43.30	.078		81.64		3.38
PSYCHIATRY	1,403	2,790		65.96		32.98	.000		32.98		.00
IMMUNIZATION AND INJECTION	76	418		27,399.39		65.55	.012		360.52		.77
OTHER SERVICES/ALL X-OVERS	2 , 993	7,141		150,366.55		21.06	.199		50.24		4.20
	2,993 22,797	•	Ś	•	Ś		12.335	ċ	680.45	ċ	
@PHARMACY	•	441,619	Ą	15,512,287.55	Ą			P		Ş	433.27
PRESCRIPTION DRUGS	22,442	100,292		12,327,256.73		122.91	2.801		549.29		344.31
SNF/ICF	1,409	9,945		1,285,692.17		129.28	.278		912.49		35.91
OUTPATIENTS	21,324	90,347		11,041,564.56		122.21	2.523		517.80		308.40
MEDICAL SUPPLIES	1,775	341,327		3,185,030.82		9.33	9.533		1794.38		88.96
@DENTIST	2,436	7 , 967	\$	294,156.47	\$.223	\$	120.75	\$	8.22
VISITS - DIAGNOSTIC	1,698	5,018		76,744.43		15.29	.140		45.20		2.14
ORAL SURGERY	283	698		33 , 038.96		47.33	.019		116.75		.92
DRUGS	13	13		75.00		5.77	.000		5.77		.00
ANESTHESIA	6	7		775.00		110.71	.000		129.17		.02
PERIODONTICS	189	215		23,378.24		108.74	.006		123.69		.65
ENDODONTICS	104	145		26,405.50		182.11	.004		253.90		.74
RESTORATIVE DENTISTRY	668	1,378		76,513.26		55.52	.038		114.54		2.14
PROSTHETICS	31	32		932.50		29.14	.001		30.08		.03
DENTURES, STAYPLATES	176	404		56,137.33		138.95	.011		318.96		1.57
SPACE MAINTAINERS	1	2		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	2	2		50.00		25.00	.000		25.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1		35.00		35.00	.000		35.00		.00
ALL OTHER SERVICES	51	52		71.25		1.37	.001		1.40		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		HRES M		EPORT			DEC	2004	PΖ	AGE 6,482
MOP024	FEE-FOR-SERVICE/DENTA		01.20 11	01.111 01 11111111111 111		2011 01111	2001 111110		2001		03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FO		C ASST	STANCE - DISABLED							55/11/05
1111/11/ 0001/11	COLUMNIC OF DELICATORD E	O1. 10DH1.	C 21001	51111,CH DIO(1DHHD)							

THINCH COUNTY	DOINGING OF DER	VIOLO ION IODDIO	11001	STIMOL DIDINDLED							
							M	ГИО	CHLY AVERA	GE.	
35,803 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	297	757	\$	19,148.85	\$	25.30	.021	\$	64.47	\$.53
DIAGNOSTIC AND ANC. PROCED	184	198		8,227.52		41.55	.006		44.71		.23
EYE APPLIANCES	177	542		9,997.61		18.45	.015		56.48		.28
OTHER OPTOMETRIC SERVICES	17	17		923.72		54.34	.000		54.34		.03
@CHIROPRACTOR	17	44	\$	668.94	\$	15.20	.001	\$	39.35	\$.02
VISITS	13	39		597.74		15.33	.001		45.98		.02
OTHER SERVICES	4	5		71.20		14.24	.000		17.80		.00
@PODIATRIST	336	436	\$	8,790.41	\$	20.16	.012	\$	26.16	\$.25
MEDICINE/INJECTIONS	213	239		6,462.30		27.04	.007		30.34		.18
SURGERY/ANES.	9	10		230.14		23.01	.000		25.57		.01
RADIO./PATHOLOGY	4	5		86.50		17.30	.000		21.63		.00
OTHER	122	182		2,011.47		11.05	.005		16.49		.06
@HOME HEALTH AGENCY	127	1,220	\$	64,724.90	\$	53.05	.034	\$	509.64	\$	1.81
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	2	2	\$	80.00	\$	40.00	.000	\$	40.00	\$.00
FAMILY NURSE PRACTITIONER	12	31	\$	409.38	\$	13.21	.001	\$	34.12	\$.01
@TOTAL HOSPITAL	4,855	25,464	\$	4,092,387.63	\$	160.71	.711	\$	842.92	\$	114.30
HOSP INPATIENT TOTAL	524	2,058		3,204,759.60		1557.22	.057		6115.95		89.51
HSC HOSPITALS	318	1,712		2,655,482.10		1551.10	.048		8350.57		74.17
NON-HSC HOSPITAL TOTAL	79	346		373,195.90		1078.60	.010		4724.00		10.42
ACCOMMODATIONS	77	346		137,081.30		396.19	.010		1780.28		3.83
ADMINISTRATIVE DAYS	7	9		2,081.70		231.30	.000		297.39		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	71	337		134,999.60		400.59	.009		1901.40		3.77
ANCILLARIES	77	0		236,114.60		.00	.000		3066.42		6.59

INPATIENT CROSSOVERS	156	0	176,081.60	.00	.000	1128.73	4.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,521	23,406	887,628.03	37.92	.654	196.33	24.79
MEDICAL	1,175	1,936	81,245.99	41.97	.054	69.15	2.27
SURGERY	330	467	21,631.18	46.32	.013	65.55	.60
PATHOLOGY	1,302	6,798	88,084.86	12.96	.190	67.65	2.46
RADIOLOGY	1,219	2,149	214,729.99	99.92	.060	176.15	6.00
ROOM USE	1,902	2,682	106,666.74	39.77	.075	56.08	2.98
CROSSOVERS/ALL OTH OUTPTNT	•	9,374	375,269.27	40.03	.262	161.61	10.48
@COUNTY HOSPITAL TOTAL	110	506 \$		\$ 141.22		\$ 649.60	
CO HOSPITAL INPATIENT TOTAL		61	60,501.39	991.83	.002	5041.78	1.69
HSC HOSPITALS	11	52	56,866.50	1093.59	.001	5169.68	1.59
NON-HSC HOSPITALS TOTAL	3	52 9 9 0 0 9 0	3,634.89	403.88	.000	1211.63	.10
ACCOMMODATIONS	3	9	2,081.70	231.30	.000	693.90	.06
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	2,081.70	231.30	.000	693.90	.06
ANCILLARIES	2	0	1,553.19	.00	.000	776.60	.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	103	445	10,954.60	24.62	.012	106.36	.31
MEDICAL	46	54	1,736.40	32.16		37.75	.05
SURGERY	8 34 21	10	325.18	32.52	.000	40.65	.01
PATHOLOGY	34	193	2,636.22	13.66	.005	77.54	.07
RADIOLOGY	21	41	2,189.81	53.41	.001	104.28	.06
ROOM USE	62	74	2,908.60	39.31	.002	46.91	.08
CROSSOVERS/ALL OTH OUTPINT		73 CES AND EXPENDITURES MO	1,158.39	15.87	.002	37.37	.03
#CALIF DEPT OF HEALTH SERV	MEDI = CAL SERVIO						
			ONIH OF TATMENT KI	SPORT FOR UAN 2	.004 IIINO D.	EC 2004	PAGE 6,483
MOP024	FEE-FOR-SERVICE	E/DENTAL		SPORT FOR OAN 2	.004 IIINO D.	EC 2004	03/14/05
	FEE-FOR-SERVICE			FORT FOR DAN 2			03/14/05
MOP024 MARIN COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	E/DENTAL /ICES FOR PUBLIC ASSI:	STANCE - DISABLED		MO	NTHLY AVERA	03/14/05 GE
MOP024 MARIN COUNTY 35,803 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL FICES FOR PUBLIC ASSI: UNITS OF SERVICE		AVERAGE COST	MO: UNITS/DAYS	NTHLY AVERA COST PER	03/14/05 GE COST PER
MOP024 MARIN COUNTY 35,803 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL VICES FOR PUBLIC ASSI: UNITS OF SERVICE OR DAYS OF CARE	STANCE - DISABLED EXPENDITURES	AVERAGE COST PER UNIT/DAY	MO: UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER	03/14/05 GE COST PER ELIGIBLE
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4.770	E/DENTAL VICES FOR PUBLIC ASSI: UNITS OF SERVICE OR DAYS OF CARE 24,958 \$	STANCE - DISABLED EXPENDITURES 4,020,931.64	AVERAGE COST PER UNIT/DAY \$ 161.11	MO: UNITS/DAYS PER ELIG .697	NTHLY AVERA COST PER USER \$ 842.96	03/14/05 GE COST PER ELIGIBLE \$ 112.31
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,770 514	E/DENTAL VICES FOR PUBLIC ASSI: UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997	STANCE - DISABLED EXPENDITURES 4,020,931.64 3,144,258.21	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49	MO UNITS/DAYS PER ELIG .697 .056	NTHLY AVERA COST PER USER \$ 842.96 6117.23	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,770 514	E/DENTAL VICES FOR PUBLIC ASSI: UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43	MO UNITS/DAYS PER ELIG .697 .056 .046	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,770 514 308 76	E/DENTAL VICES FOR PUBLIC ASSI: UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660 337	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60 369,561.01	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43 1096.62	MO UNITS/DAYS PER ELIG .697 .056 .046	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06 4862.64	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58 10.32
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,770 514 308 76 74	E/DENTAL FICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660 337 337	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60 369,561.01 134,999.60	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43 1096.62 400.59	MO UNITS/DAYS PER ELIG .697 .056 .046 .009	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06 4862.64 1824.32	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58 10.32 3.77
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,770 514 308 76 74	E/DENTAL FIGURE FOR PUBLIC ASSISTANCES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660 337 337 9	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60 369,561.01 134,999.60 2,081.70	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43 1096.62 400.59 231.30	MO UNITS/DAYS PER ELIG .697 .056 .046 .009 .009	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06 4862.64 1824.32 297.39	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58 10.32 3.77 .06
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,770 514 308 76 74	E/DENTAL FICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660 337 337 9 0	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60 369,561.01 134,999.60 2,081.70 .00	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43 1096.62 400.59 231.30 .00	MO UNITS/DAYS PER ELIG .697 .056 .046 .009 .009	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06 4862.64 1824.32 297.39 .00	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58 10.32 3.77 .06 .00
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,770 514 308 76 74	E/DENTAL FICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660 337 337 9 0 328	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60 369,561.01 134,999.60 2,081.70 .00 132,917.90	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43 1096.62 400.59 231.30 .00 405.24	MO UNITS/DAYS PER ELIG .697 .056 .046 .009 .009 .000	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06 4862.64 1824.32 297.39 .00 1954.68	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58 10.32 3.77 .06 .00 3.71
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,770 514 308 76 74 7 0 68 75	E/DENTAL /ICES FOR PUBLIC ASSI: UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660 337 337 9 0 328 0	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60 369,561.01 134,999.60 2,081.70 .00 132,917.90 234,561.41	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43 1096.62 400.59 231.30 .00 405.24 .00	MO UNITS/DAYS PER ELIG .697 .056 .046 .009 .009 .000	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06 4862.64 1824.32 297.39 .00 1954.68 3127.49	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58 10.32 3.77 .06 .00 3.71 6.55
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,770 514 308 76 74 7 0 68 75 156	E/DENTAL /ICES FOR PUBLIC ASSI: UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660 337 337 9 0 328 0 0	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60 369,561.01 134,999.60 2,081.70 .00 132,917.90 234,561.41 176,081.60	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43 1096.62 400.59 231.30 .00 405.24 .00	MO: UNITS/DAYS PER ELIG .697 .056 .046 .009 .009 .000 .000	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06 4862.64 1824.32 297.39 .00 1954.68 3127.49 1128.73	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58 10.32 3.77 .06 .00 3.71 6.55 4.92
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,770 514 308 76 74 7 0 68 75 156 0	E/DENTAL VICES FOR PUBLIC ASSI: UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660 337 337 9 0 328 0 0 0	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60 369,561.01 134,999.60 2,081.70 .00 132,917.90 234,561.41 176,081.60	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43 1096.62 400.59 231.30 .00 405.24 .00	MO: UNITS/DAYS PER ELIG .697 .056 .046 .009 .009 .000 .000 .000	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06 4862.64 1824.32 297.39 .00 1954.68 3127.49 1128.73 .00	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58 10.32 3.77 .06 .00 3.71 6.55 4.92 .00
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,770 514 308 76 74 7 0 68 75 156 0 4,440	E/DENTAL VICES FOR PUBLIC ASSI: UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660 337 337 9 0 328 0 0 0 22,961	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60 369,561.01 134,999.60 2,081.70 00 132,917.90 234,561.41 176,081.60 00 876,673.43	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43 1096.62 400.59 231.30 .00 405.24 .00 .00 .00	MO: UNITS/DAYS PER ELIG .697 .056 .046 .009 .009 .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06 4862.64 1824.32 297.39 .00 1954.68 3127.49 1128.73 .00 197.45	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58 10.32 3.77 .06 .00 3.71 6.55 4.92 .00 24.49
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,770 514 308 76 74 7 0 68 75 156 0 4,440 1,131	E/DENTAL VICES FOR PUBLIC ASSI: UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660 337 337 9 0 328 0 0 22,961 1,882	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60 369,561.01 134,999.60 2,081.70 .00 132,917.90 234,561.41 176,081.60 .00 876,673.43 79,509.59	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43 1096.62 400.59 231.30 .00 405.24 .00 .00 .00 .00	MO UNITS/DAYS PER ELIG .697 .056 .046 .009 .009 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06 4862.64 1824.32 297.39 .00 1954.68 3127.49 1128.73 .00 197.45 70.30	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58 10.32 3.77 .06 .00 3.71 6.55 4.92 .00 24.49 2.22
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,770 514 308 76 74 7 0 68 75 156 0 4,440 1,131 322	E/DENTAL VICES FOR PUBLIC ASSI: UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660 337 337 9 0 328 0 0 22,961 1,882 457	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60 369,561.01 134,999.60 2,081.70 .00 132,917.90 234,561.41 176,081.60 .00 876,673.43 79,509.59 21,306.00	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43 1096.62 400.59 231.30 .00 405.24 .00 .00 .00 .38.18 42.25 46.62	MO: UNITS/DAYS PER ELIG .697 .056 .046 .009 .009 .000 .000 .000 .000 .000 .00	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06 4862.64 1824.32 297.39 .00 1954.68 3127.49 1128.73 .00 197.45 70.30 66.17	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58 10.32 3.77 .06 .00 3.71 6.55 4.92 .00 24.49 2.22 .60
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,770 514 308 76 74 7 0 68 75 156 0 4,440 1,131 322 1,272	E/DENTAL VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660 337 337 9 0 328 0 0 22,961 1,882 457 6,605	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60 369,561.01 134,999.60 2,081.70 .00 132,917.90 234,561.41 176,081.60 .00 876,673.43 79,509.59 21,306.00 85,448.64	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43 1096.62 400.59 231.30 .00 405.24 .00 .00 .00 .38.18 42.25 46.62 12.94	MO: UNITS/DAYS PER ELIG .697 .056 .046 .009 .000 .000 .000 .000 .000 .000 .00	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06 4862.64 1824.32 297.39 .00 1954.68 3127.49 1128.73 .00 197.45 70.30 66.17 67.18	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58 10.32 3.77 .06 .00 3.71 6.55 4.92 .00 24.49 2.22 .60 2.39
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 4,770 514 308 76 74 7 0 68 75 156 0 4,440 1,131 322 1,272 1,200	E/DENTAL VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660 337 337 9 0 328 0 0 22,961 1,882 457 6,605 2,108	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60 369,561.01 134,999.60 2,081.70 .00 132,917.90 234,561.41 176,081.60 .00 876,673.43 79,509.59 21,306.00 85,448.64 212,540.18	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43 1096.62 400.59 231.30 .00 405.24 .00 .00 .00 .38.18 42.25 46.62	MO: UNITS/DAYS PER ELIG .697 .056 .046 .009 .009 .000 .000 .000 .000 .000 .00	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06 4862.64 1824.32 297.39 .00 1954.68 3127.49 1128.73 .00 197.45 70.30 66.17	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58 10.32 3.77 .06 .00 3.71 6.55 4.92 .00 24.49 2.22 .60 2.39 5.94
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,770 514 308 76 74 7 0 68 75 156 0 4,440 1,131 322 1,272	E/DENTAL VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660 337 337 9 0 328 0 0 22,961 1,882 457 6,605	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60 369,561.01 134,999.60 2,081.70 .00 132,917.90 234,561.41 176,081.60 .00 876,673.43 79,509.59 21,306.00 85,448.64	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43 1096.62 400.59 231.30 .00 405.24 .00 .00 .00 38.18 42.25 46.62 12.94 100.83	MO: UNITS/DAYS PER ELIG .697 .056 .046 .009 .000 .000 .000 .000 .000 .000 .00	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06 4862.64 1824.32 297.39 .00 1954.68 3127.49 1128.73 .00 197.45 70.30 66.17 67.18 177.12	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58 10.32 3.77 .06 .00 3.71 6.55 4.92 .00 24.49 2.22 .60 2.39
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 4,770 514 308 76 74 7 0 68 75 156 0 4,440 1,131 322 1,272 1,200 1,851	E/DENTAL VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660 337 337 9 0 328 0 0 22,961 1,882 457 6,605 2,108 2,608	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60 369,561.01 134,999.60 2,081.70 .00 132,917.90 234,561.41 176,081.60 .00 876,673.43 79,509.59 21,306.00 85,448.64 212,540.18 103,758.14	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43 1096.62 400.59 231.30 .00 405.24 .00 .00 .00 38.18 42.25 46.62 12.94 100.83 39.78	MO: UNITS/DAYS PER ELIG .697 .056 .046 .009 .000 .000 .000 .000 .000 .000 .00	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06 4862.64 1824.32 297.39 .00 1954.68 3127.49 1128.73 .00 197.45 70.30 66.17 67.18 177.12 56.06	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58 10.32 3.77 .06 .00 3.71 6.55 4.92 .00 24.49 2.22 .60 2.39 5.94 2.90 10.45
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 4,770 514 308 76 74 7 0 68 75 156 0 4,440 1,131 322 1,272 1,200 1,851 2,296	E/DENTAL VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660 337 337 9 0 328 0 0 22,961 1,882 457 6,605 2,108 2,608 9,301	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60 369,561.01 134,999.60 2,081.70 .00 132,917.90 234,561.41 176,081.60 876,673.43 79,509.59 21,306.00 85,448.64 212,540.18 103,758.14 374,110.88	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43 1096.62 400.59 231.30 .00 405.24 .00 .00 .00 .38.18 42.25 46.62 12.94 100.83 39.78 40.22	MO: UNITS/DAYS PER ELIG .697 .056 .046 .009 .000 .000 .000 .000 .000 .000 .00	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06 4862.64 1824.32 297.39 .00 1954.68 3127.49 1128.73 .00 197.45 70.30 66.17 67.18 177.12 56.06 162.94	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58 10.32 3.77 .06 .00 3.71 6.55 4.92 .00 24.49 2.22 .60 2.39 5.94 2.90 10.45
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,770 514 308 76 74 7 0 68 75 156 0 4,440 1,131 322 1,272 1,200 1,851 2,296 6	E/DENTAL VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660 337 337 9 0 328 0 0 22,961 1,882 457 6,605 2,108 2,608 9,301 158 \$	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60 369,561.01 134,999.60 2,081.70 .00 132,917.90 234,561.41 176,081.60 876,673.43 79,509.59 21,306.00 85,448.64 212,540.18 103,758.14 374,110.88 110,643.13	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43 1096.62 400.59 231.30 .00 405.24 .00 .00 .00 .38.18 42.25 46.62 12.94 100.83 39.78 40.22 \$ 700.27	MO UNITS/DAYS PER ELIG .697 .056 .046 .009 .000 .000 .000 .000 .000 .000 .000 .013 .184 .059 .073 .260 .004	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06 4862.64 1824.32 297.39 .00 1954.68 3127.49 1128.73 .00 197.45 70.30 66.17 67.18 177.12 56.06 162.94 \$ 18440.52	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58 10.32 3.77 .06 .00 3.71 6.55 4.92 .00 24.49 2.22 .60 2.39 5.94 2.90 10.45 \$ 3.09
MOP024 MARIN COUNTY 35,803 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 4,770 514 308 76 74 7 0 68 75 156 0 4,440 1,131 322 1,272 1,200 1,851 2,296 6 0	E/DENTAL //ICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 24,958 \$ 1,997 1,660 337 337 9 0 328 0 0 22,961 1,882 457 6,605 2,108 2,608 9,301 158 \$ 0	EXPENDITURES 4,020,931.64 3,144,258.21 2,598,615.60 369,561.01 134,999.60 2,081.70 .00 132,917.90 234,561.41 176,081.60 .00 876,673.43 79,509.59 21,306.00 85,448.64 212,540.18 103,758.14 374,110.88 110,643.13	AVERAGE COST PER UNIT/DAY \$ 161.11 1574.49 1565.43 1096.62 400.59 231.30 .00 405.24 .00 .00 .00 .38.18 42.25 46.62 12.94 100.83 39.78 40.22 \$ 700.27	MO UNITS/DAYS PER ELIG .697 .056 .046 .009 .000 .000 .000 .000 .000 .000 .013 .184 .053 .013 .184 .059 .073 .260 .004	NTHLY AVERA COST PER USER \$ 842.96 6117.23 8437.06 4862.64 1824.32 297.39 .00 1954.68 3127.49 1128.73 .00 197.45 70.30 66.17 67.18 177.12 56.06 162.94 \$ 18440.52	03/14/05 GE COST PER ELIGIBLE \$ 112.31 87.82 72.58 10.32 3.77 .06 .00 3.71 6.55 4.92 .00 24.49 2.22 .60 2.39 5.94 2.90 10.45 \$ 3.09 .00 3.09

.00

LEV B-REHAB MD	58	1,827		249,594.34		136.61	.051		4303.35		6.97
LEV B-SUBACUTE FREESTANDIN	G 3	49		30,080.61		613.89	.001		10026.87		.84
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	322	8,562		1,248,801.25		145.85	.239		3878.26		34.88
@INTERMEDIATE CARE FACILDD	220	7,449	\$	1,256,755.16	\$	168.71	.208	\$	5712.52	\$	35.10
ICF DDH	220	7,449		1,255,146.08		168.50	.208		5705.21		35.06
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		1,609.08		.00	.000		.00		.04
@HEMODIALYSIS TOTAL	145	2,949	\$	166,206.91	\$	56.36	.082	\$	1146.25	\$	4.64
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	145	2,949		166,206.91		56.36	.082		1146.25		4.64
@REHABILITATION FACILITY	84	1,048	\$	15,441.00	\$	14.73	.029	\$	183.82	\$.43
HOSPITAL BASED	9	36		1,174.55		32.63	.001		130.51		.03
INDEPENDENT FACILITY	75	1,012		14,266.45		14.10	.028		190.22		.40
@LABORATORY FACILITY	2,303	15,012	\$	134,968.86	\$	8.99	.419	\$	58.61	\$	3.77
PATHOLOGY	2,212	14,776		128,668.10		8.71	.413		58.17		3.59
XO AND OTHERS	106	236		6,300.76		26.70	.007		59.44		.18
@ORGANIZED OUTPATIENT CLINIC	4,245	6,949	\$	595,077.43	\$	85.63	.194	\$	140.18	\$	16.62
CLINIC	548	1,496		36,270.18		24.24	.042		66.19		1.01
SURGICENTER	8	11		1,588.16		144.38	.000		198.52		.04
HEROIN DETOX CLINIC	16	199		2,312.72		11.62	.006		144.55		.06
RURAL HEALTH CLINIC	3 , 762	5,243		554,906.37		105.84	.146		147.50		15.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES M	ONTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	PI	AGE 6,484
MOP024	FEE-FOR-SERVICE/DEN	ITAL									03/14/05
MARIN COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASST:	STANCE - DISABLED)						

MAKIN COUNTI	SUMMARI OF SER	VICES FOR FUBLIC ASSIS	STANCE - DISABLED		14011		CE
25 002 51 10151 50					MON		
35,803 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	4,005	288,552 \$	1,044,873.12	\$ 3.62	8.059 \$		
DURABLE MED. EQUIP.	353	1,715	175,516.04	102.34	.048	497.21	4.90
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	61	161	11,770.14	73.11	.004	192.95	.33
MEDICAL TRANSPORTATION	572	5,475	85 , 769.49	15.67	.153	149.95	2.40
AMBULANCES/AIR TRANS	510	5,104	79 , 079.99	15.49	.143	155.06	2.21
OTHER TRANS	29	262	1,013.61	3.87	.007	34.95	.03
OTHER SERVICES	48	109	5 , 675.89	52.07	.003	118.25	.16
ACUPUNCTURE	124	413	7,031.83	17.03	.012	56.71	.20
ADULT DAY HEALTH CARE CTR	161	1 , 991	137,953.07	69.29	.056	856.85	3.85
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	263	3 , 373	143,443.86	42.53	.094	545.41	4.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	465	1,701	20,647.78	12.14	.048	44.40	.58
PHYSICAL THERAPIST	3	15	223.20	14.88	.000	74.40	.01
PORTABLE X-RAY	37	83	1,683.46	20.28	.002	45.50	.05
PROSTHETIST/ORTHOTISTS	44	210	31,095.16	148.07	.006	706.71	.87
PROSTHETICS	44	210	31,095.16	148.07	.006	706.71	.87
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	11	21	468.14	22.29	.001	42.56	.01
SPEECH AND AUDIOLOGY	716	3,264	129,065.42	39.54	.091	180.26	3.60
HOSPICE SERVICES	17	438	59,968.74	136.91	.012	3527.57	1.67
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	412	13,552	145,802.25	10.76	.379	353.89	4.07
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,054	256,139	94,329.54	.37	7.154	89.50	2.63
@CALIF. CHILDREN SERVICES*	335	9,554	\$ 3,341,907.26	\$ 349.79	.267	\$ 9975.84	\$ 93.34
@XOVER EXCLUDING STATE HOSP**	3,646	41,863	\$ 560,937.35	\$ 13.40	1.169	\$ 153.85	\$ 15.67

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,485 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

THINKIN COONTI	DOMINICI OI DEIC	VICED FOR FODELC	110010	1711100					
						MO	NTHLY AVERA	GE -	
22,870 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	CLIGIBLE
@TOTAL, ALL PROVIDERS	10 , 978	46,879	\$	2,731,978.84	\$ 58.28	2.050	\$ 248.86	\$	119.46
@PHYSICIANS SERVICES	3 , 370	7,726	\$	324,454.30	\$ 42.00	.338	\$ 96.28	\$	14.19
OUTPATIENT VISITS	2,518	3,202		126,862.86	39.62	.140	50.38		5.55
OFFICE VISITS	1,316	1,678		52,164.99	31.09	.073	39.64		2.28
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	1,249	1,438		70,012.74	48.69	.063	56.06		3.06
PREVENTIVE CARE	8	9		397.75	44.19	.000	49.72		.02
OB VISITS/COMPRE PERI	18	23		2,395.88	104.17	.001	133.10		.10
OTHER OUTPATIENT	49	54		1,891.50	35.03	.002	38.60		.08
INPATIENT VISITS	87	263		13,439.86	51.10	.011	154.48		.59
HOSPITAL VISITS	84	242		11,975.13	49.48	.011	142.56		.52
CRITICAL CARE	8	21		1,464.73	69.75	.001	183.09		.06
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	95	114		4,856.43	42.60	.005	51.12		.21
EXAMINATIONS	95	114		4,856.43	42.60	.005	51.12		.21
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	103	799		41,644.53	52.12	.035	404.32		1.82
PRINCIPAL SURGEON	61	78		29,915.15	383.53	.003	490.41		1.31
ASSISTANT SURGEON	5	5		952.63	190.53	.000	190.53		.04
ANESTHESIOLOGIST	47	716		10,776.75	15.05	.031	229.29		.47

OUTPATIENT SURGERY	342	724		57,539.51	7	9.47	.032		168.24		2.52
PRINCIPAL SURGEON	301	394		48,764.18	12	3.77	.017		162.01		2.13
ASSISTANT SURGEON	2	2		234.96	11	7.48	.000		117.48		.01
ANESTHESIOLOGIST	60	328		8,540.37	2	6.04	.014		142.34		.37
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	251	734		4,434.09		6.04	.032		17.67		.19
RADIOLOGY	725	1,009		35,414.54	3	5.10	.044		48.85		1.55
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	30	256		25,339.26	9	8.98	.011		844.64		1.11
OTHER SERVICES/ALL X-OVERS	364	625		14,923.22	2	3.88	.027		41.00		.65
@PHARMACY	4,653	10,633	\$	667,558.43	\$ 6	2.78	.465	\$	143.47	\$	29.19
PRESCRIPTION DRUGS	4,629	10,109		653,137.36	6	4.61	.442		141.10		28.56
SNF/ICF	6	18		11,032.56	61	2.92	.001		1838.76		.48
OUTPATIENTS	4,626	10,091		642,104.80	6	3.63	.441		138.80		28.08
MEDICAL SUPPLIES	140	524		14,421.07	2	7.52	.023		103.01		.63
@DENTIST	1,506	5,643	\$	160,289.35	\$ 2	8.40	.247	\$	106.43	\$	7.01
VISITS - DIAGNOSTIC	1,158	4,038		66,644.50	1	6.50	.177		57.55		2.91
ORAL SURGERY	167	297		16,150.50	5	4.38	.013		96.71		.71
DRUGS	46	58		1,218.75	2	1.01	.003		26.49		.05
ANESTHESIA	6	6		400.00	6	6.67	.000		66.67		.02
PERIODONTICS	17	18		1,646.06	9	1.45	.001		96.83		.07
ENDODONTICS	88	123		15,897.50	12	9.25	.005		180.65		.70
RESTORATIVE DENTISTRY	432	974		49,225.54	5	0.54	.043		113.95		2.15
PROSTHETICS	5	5		190.00	3	8.00	.000		38.00		.01
DENTURES, STAYPLATES	13	40		3,939.00	9	8.48	.002		303.00		.17
SPACE MAINTAINERS	8	10		1,000.00		0.00	.000		125.00		.04
MAXILLOFACIAL SERVICES	6	6		282.50	4	7.08	.000		47.08		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	34	38		3,320.00		7.37	.002		97.65		.15
ALL OTHER SERVICES	24	30		375.00		2.50	.001		15.63		.02
#CALIF DEPT OF HEALTH SERV			IRES I	MONTH-OF-PAYMENT R	EPORT FO	R JAN	2004 THRU	DEC	2004	P.	AGE 6,486
MOP024	FEE-FOR-SERVICE	L/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS	ISTANCE - FAMILIES							
							M				
22,870 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CAR	RΕ				PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	164	406	\$	9,898.66		4.38	.018			\$.43
DIAGNOSTIC AND ANC. PROCED	1.32	146		5.948.56	4	0.74	.006		45.06		. 26

22,870 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST	UNITS/DAY PER ELIG	-	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	164	406	\$ 9,898.66	\$ 24.38	.018	\$	60.36	\$.43
DIAGNOSTIC AND ANC. PROCED	132	146	5,948.56	40.74	.006		45.06	.26
EYE APPLIANCES	90	259	3,926.10	15.16	.011		43.62	.17
OTHER OPTOMETRIC SERVICES	1	1	24.00	24.00	.000		24.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	13	21	\$ 658.55	\$ 31.36	.001	\$	50.66	\$.03
MEDICINE/INJECTIONS	11	14	445.82	31.84	.001		40.53	.02
SURGERY/ANES.	2	5	171.21	34.24	.000		85.61	.01
RADIO./PATHOLOGY	1	2	41.52	20.76	.000		41.52	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	41	67	\$ 3,999.85	\$ 59.70	.003	\$	97.56	\$.17
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	4	\$ 96.00	\$ 24.00	.000	\$	32.00	\$.00
@TOTAL HOSPITAL	2,072	7 , 373	\$ 911,158.85	\$ 123.58	.322	\$	439.75	\$ 39.84
HOSP INPATIENT TOTAL	133	423	709,826.42	1678.08	.018		5337.04	31.04
HSC HOSPITALS	123	385	638,044.25	1657.26	.017		5187.35	27.90

NON-HSC HOSPITAL TOTAL	11	38			71,782.17	7	1889.00		.002		6525.65		3.14
ACCOMMODATIONS	11	38			23,318.64	1	613.65		.002		2119.88		1.02
ADMINISTRATIVE DAYS	0	0			.00		.00		.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00)	.00		.000		.00		.00
ALL OTHER ACCOM	11	38			23,318.64	1	613.65		.002		2119.88		1.02
ANCILLARIES	11	0			48,463.53	3	.00		.000		4405.78		2.12
INPATIENT CROSSOVERS	0	0			.00)	.00		.000		.00		.00
ALL OTHER INPATIENT	0	0			.00)	.00		.000		.00		.00
HOSP OUTPATIENT TOTAL	2,001	6,950		2	01,332.43	3	28.97		.304		100.62		8.80
MEDICAL	435	712			27,188.93	3	38.19		.031		62.50		1.19
SURGERY	166	208			9,928.45	5	47.73		.009		59.81		.43
PATHOLOGY	560	2,083			23,532.31	<u>L</u>	11.30		.091		42.02		1.03
RADIOLOGY	569	730			43,158.41	L	59.12		.032		75.85		1.89
ROOM USE	1,487	1,816			70,660.67	7	38.91		.079		47.52		3.09
CROSSOVERS/ALL OTH OUTPINT	709	1,401			26,863.66	5	19.17		.061		37.89		1.17
@COUNTY HOSPITAL TOTAL	17	69	\$		4,617.44	1 \$	66.92		.003	\$	271.61	\$.20
CO HOSPITAL INPATIENT TOTAL	1	2			2,260.00)	1130.00		.000		2260.00		.10
HSC HOSPITALS	1	2			2,260.00)	1130.00		.000		2260.00		.10
NON-HSC HOSPITALS TOTAL	0	0			.00)	.00		.000		.00		.00
ACCOMMODATIONS	0	0			.00)	.00		.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00)	.00		.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00)	.00		.000		.00		.00
ALL OTHER ACCOM	0	0			.00)	.00		.000		.00		.00
ANCILLARIES	0	0			.00)	.00		.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00)	.00		.000		.00		.00
ALL OTHER INPATIENT	0	0			.00)	.00		.000		.00		.00
CO HOSP OUTPATIENT TOTAL	16	67			2,357.44	1	35.19		.003		147.34		.10
MEDICAL	4	5			239.68	3	47.94		.000		59.92		.01
SURGERY	3	5			201.25	5	40.25		.000		67.08		.01
PATHOLOGY	8	33			647.17	7	19.61		.001		80.90		.03
RADIOLOGY	3	4			483.81	L	120.95		.000		161.27		.02
ROOM USE	9	13			702.20)	54.02		.001		78.02		.03
CROSSOVERS/ALL OTH OUTPINT	4	7			83.33	3	11.90		.000		20.83		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDIT	JRES	MONTH-OF	-PAYMENT	REPORT	r for Jan	2004	THRU	DEC	2004	PAG	E 6,487
	FEE-FOR-SERVICE/DENTAL												03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	PUBLI	C ASS	ISTANCE	- FAMILIE	ES							
									N	ITNON	HLY AVERA	GE	

					PIOIN	TIITI VALIVA	GE GE
22,870 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,057	7,304 \$	906,541.41	\$ 124.12	.319 \$	440.71	\$ 39.64
COMM HOSP INPATIENT TOTAL	132	421	707,566.42	1680.68	.018	5360.35	30.94
HSC HOSPITALS	122	383	635,784.25	1660.01	.017	5211.35	27.80
NON-HSC HOSPITALS TOTAL	11	38	71,782.17	1889.00	.002	6525.65	3.14
ACCOMMODATIONS	11	38	23,318.64	613.65	.002	2119.88	1.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	38	23,318.64	613.65	.002	2119.88	1.02
ANCILLARIES	11	0	48,463.53	.00	.000	4405.78	2.12
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,987	6,883	198,974.99	28.91	.301	100.14	8.70
MEDICAL	431	707	26 , 949.25	38.12	.031	62.53	1.18
SURGERY	163	203	9,727.20	47.92	.009	59.68	.43
PATHOLOGY	553	2,050	22,885.14	11.16	.090	41.38	1.00
RADIOLOGY	566	726	42,674.60	58.78	.032	75.40	1.87
ROOM USE	1,479	1,803	69,958.47	38.80	.079	47.30	3.06

CROSSOVERS/ALL OTH OUTPTNT	705	1,394		26,780.33		19.21	.061		37.99		1.17
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	14	81	\$	1,384.46	\$	17.09	.004	\$	98.89	\$.06
HOSPITAL BASED	5	13		403.80		31.06	.001		80.76		.02
INDEPENDENT FACILITY	9	68		980.66		14.42	.003		108.96		.04
@LABORATORY FACILITY	856	3,302	\$	41,114.29	\$	12.45	.144	\$	48.03	\$	1.80
PATHOLOGY	854	3,299		41,013.59		12.43	.144		48.03		1.79
XO AND OTHERS	3	. 3		100.70		33.57	.000		33.57		.00
@ORGANIZED OUTPATIENT CLINIC	3,210	6,407	\$	533,992.66	\$	83.35	.280	\$	166.35	\$	23.35
CLINIC	629	2,684		67,121.81		25.01	.117		106.71		2.93
SURGICENTER	1	1		5.00		5.00	.000		5.00		.00
HEROIN DETOX CLINIC	3	55		597.42		10.86	.002		199.14		.03
RURAL HEALTH CLINIC	2,631	3,667		466,268.43		127.15	.160		177.22		20.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES 1	MONTH-OF-PAYMENT RE	EPOR	r for jan 2	2004 THRU	DEC	2004	P	AGE 6,488
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERV	JICES FOR PUBLIC	ASS	ISTANCE - FAMILIES							
							M	ONT	HLY AVERA	GE -	
22,870 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
·		OR DAYS OF CAR	Œ		PEI	R UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@ALL OTHER PROVIDERS	938	5,216	\$	77,373.44	\$	14.83	.228	\$	82.49	\$	3.38
DURABLE MED ECUITE	40	. 59		4.266.84		72 32	003		106 67		19

					MON	ITHLY AVERA	GE
22,870 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	938	5 , 216 \$	77,373.44	\$ 14.83	.228 \$	82.49	\$ 3.38
DURABLE MED. EQUIP.	40	59	4,266.84	72.32	.003	106.67	.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	115	803	16,986.03	21.15	.035	147.70	.74
AMBULANCES/AIR TRANS	115	779	13,312.28	17.09	.034	115.76	.58
OTHER TRANS	2	22	73.75	3.35	.001	36.88	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.16
ACUPUNCTURE	4	16	283.46	17.72	.001	70.87	.01
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	15	15	1,575.00	105.00	.001	105.00	.07
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	184	562	6 , 285.65	11.18	.025	34.16	.27
PHYSICAL THERAPIST	2	8	118.23	14.78	.000	59.12	.01
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	16	61	9,007.12	147.66	.003	562.95	.39
PROSTHETICS	16	61	9,007.12	147.66	.003	562.95	.39
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	7	27	1,737.64	64.36	.001	248.23	.08
SPEECH AND AUDIOLOGY	1	2	102.05	51.03	.000	102.05	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	531	3,619	35,736.45	9.87	.158	67.30	1.56
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	30	44	1,274.97	28.98	.002	42.50	.06
@CALIF. CHILDREN SERVICES*	92	505	\$ 80,637.74	\$ 159.68	.022	\$ 876.50	\$ 3.53
@XOVER EXCLUDING STATE HOSP**	14	80	\$ 1,435.10	\$ 17.94	.003	\$ 102.51	\$.06

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,489
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY	SUMMARY OF SERV	JICES FOR PUBLIC ASSIS	STANCE - TOTAL				
					MONT	HLY AVERAC	GE
70,256 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	47,366	1,137,174 \$	33,888,070.26	\$ 29.80	16.186 \$		
@PHYSICIANS SERVICES	12,091		1,241,856.44				\$ 17.68
OUTPATIENT VISITS	5 , 858	8,060		41.28		56.79	4.74
OFFICE VISITS	3 , 297	4,454	138,559.66	31.11	.063	42.03	1.97
HOME VISITS	65	72	2 , 691.30	37.38	.001	41.40	.04
EMERGENCY ROOM	2,664	3 , 265	181,730.40	55.66	.046	68.22	2.59
PREVENTIVE CARE	8	9	397.75	44.19	.000	49.72	.01
OB VISITS/COMPRE PERI	19	24	2,515.88	104.83	.000	132.41	.04
OTHER OUTPATIENT	191	236	6 , 783.71	28.74	.003	35.52	.10
INPATIENT VISITS	893	3,020	148,367.04	49.13		166.14	
HOSPITAL VISITS	656	2,433	112,000.21	46.03	.035	170.73	1.59
CRITICAL CARE	76	219	24,238.91	110.68	.003	318.93	.35
SNF/ICF/TRANS IP CARE	233	368	12 , 127.92	32.96	.005	52.05	.17
OPHTHALMOLOGICAL SERVICES	281	333	13,961.86	41.93	.005	49.69	.20
EXAMINATIONS	281	333	13,961.86	41.93	.005	49.69	.20
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	293	1,834	136,568.30	74.46	.026	466.10	1.94
PRINCIPAL SURGEON	199	306	104,552.36	341.67	.004	525.39	1.49
ASSISTANT SURGEON	23	23	3,753.22	163.18	.000	163.18	.05
ANESTHESIOLOGIST	110	1 , 505	28,262.72	18.78	.021	256.93	.40
OUTPATIENT SURGERY	875	2,175	144,804.52	66.58	.031	165.49	2.06
PRINCIPAL SURGEON	705	975	114,260.01	117.19	.014	162.07	1.63
ASSISTANT SURGEON	4	4	574.63	143.66	.000	143.66	.01
ANESTHESIOLOGIST	207	1,196	29 , 969.88	25.06	.017	144.78	.43
DIALYSIS	32	95	10,297.06	108.39	.001	321.78	
PATHOLOGY	542	1,812	13,187.56	7.28	.026	24.33	
RADIOLOGY	2,239	3 , 852	157 , 193.55	40.81	.055	70.21	2.24
PSYCHIATRY	2	2	65.96	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	109	679	52 , 765.90	77.71	.010	484.09	.75
OTHER SERVICES/ALL X-OVERS	4,813	11,926	,	19.45	.170	48.20	3.30
@PHARMACY	34,545			\$ 30.26	8.667 \$		
PRESCRIPTION DRUGS	33,989	136,073	15,144,258.04	111.30	1.937	445.56	215.56
SNF/ICF	1,827	12,722	1,493,494.93	117.39	.181	817.46	21.26
OUTPATIENTS	32,519	123,351	-,,	110.67	1.756	419.78	194.30
MEDICAL SUPPLIES	2,708	472 , 842	3,283,304.69	6.94	6.730	1212.45	46.73
@DENTIST	4,550	15 , 599 \$	532,689.63		.222 \$		
VISITS - DIAGNOSTIC	3,256	10,319	159,840.46	15.49	.147	49.09	2.28
ORAL SURGERY	514	1,152	56,424.44	48.98	.016	109.78	.80

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	F 0			1 000 55		10.00	0.01		01 00		0.0
DRUGS	59	71		1,293.75		18.22	.001		21.93		.02
ANESTHESIA	13	14		1,275.00		91.07	.000		98.08		.02
PERIODONTICS	238	267		28,362.66		106.23	.004		119.17		.40
ENDODONTICS	211	288		46,350.13		160.94	.004		219.67		.66
RESTORATIVE DENTISTRY	1,234	2,601		142,272.61		54.70	.037		115.29		2.03
PROSTHETICS	45	46		1,322.50		28.75	.001		29.39		.02
DENTURES, STAYPLATES	291	699		90,414.33		129.35	.010		310.70		1.29
SPACE MAINTAINERS	9	12		1,000.00		83.33	.000		111.11		.01
MAXILLOFACIAL SERVICES	8	8		332.50		41.56	.000		41.56		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	35	39		3,355.00		86.03	.001		95.86		.05
ALL OTHER SERVICES	87	83		446.25		5.38	.001		5.13		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PΑ	AGE 6,490
MOP024	FEE-FOR-SERVICE	:/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	STANCE - TOTAL							
							M	ONT:	HLY AVERA	GE -	
70,256 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	Ι	ELIGIBLE
@OPTOMETRIST	547	1,404	\$	34,599.85	\$	24.64	.020	\$	63.25	\$.49
DIAGNOSTIC AND ANC. PROCED	342	372		15,243.02		40.98	.005		44.57		.22
EYE APPLIANCES	329	1,006		17,764.37		17.66	.014		54.00		.25
OTHER OPTOMETRIC SERVICES	31	26		1,592.46		61.25	.000		51.37		.02
@CHIROPRACTOR	19	47	\$	701.64	\$	14.93	.001	\$	36.93	\$.01
VISITS	13	39		597.74		15.33	.001		45.98		.01
OTHER SERVICES	6	8		103.90		12.99	.000		17.32		.00
@PODIATRIST	462	605	\$	10,595.35	\$	17.51	.009	\$	22.93	\$.15
MEDICINE/INJECTIONS	232	261		7,164.82		27.45	.004		30.88		.10
SURGERY/ANES.	11	15		401.35		26.76	.000		36.49		.01
RADIO./PATHOLOGY	5	7		128.02		18.29	.000		25.60		.00
OTHER	227	322		2,901.16		9.01	.005		12.78		.04
@HOME HEALTH AGENCY	186	3,121	\$	125,861.69	\$	40.33	.044	\$		\$	1.79
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
	•	•					-		•		

NURSE MIDWIFE	0	0 2 47 36,931 2,831 2,403	Ś	.00	\$.00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	2	2	\$	80.00	\$	40.00	.000		40.00		.00
	19	17	\$	602.57		12.82	.001		31.71		.01
@TOTAL HOSPITAL	7,809 777 492 100	26 021	\$	5,655,521.53	ڊ خ	153.14	.526				80.50
GIOIAL MOSFIIAL	7,009	2 021	ې		Ą		.040	۲	5755.74	۲	63.66
HOSP INPATIENT TOTAL	1///	2,831		4,472,208.42		1579.73					
HSC HOSPITALS	492	2,403		3,694,677.26		1537.53	.034		7509.51		52.59
NON-HSC HOSPITAL TOTAL	100	428		524,632.95		1225.78			5246.33		7.47
ACCOMMODATIONS	98	428		181,603.45		424.31	.006		1853.10		2.58
ADMINISTRATIVE DAYS	8	13		2,832.87		217.91	.000		354.11		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	92	415		178,770.58		430.77	.006		1943.16		2.54
ANCILLARIES	98			343,029.50		.00	.000		3500.30		4.88
NON-HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	218	0		178,770.58 343,029.50 252,898.21		.00	.000		1160.08		3.60
ALL OTHER INPATIENT	0 7 , 308	0		252,898.21 .00 1,183,313.11		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7,308	34,100		1,183,313.11		34.70	.485		161.92		16.84
MEDICAL	1,640 501 1,897	2,691		110,136.88		40.93	.038		67.16		1.57
SURGERY	501	680		31,684.18		46.59	.010		63.24		.45
PATHOLOGY	1,897	9,026		113,554.06		12.58	.128		59.86		1.62
RADIOLOGY	1,812			259 , 989.79		89 28	041		143.48		3.70
ROOM USE	3,435	2,912 4,570		179,950.75		39.38	.065		52.39		2.56
	3.754	14.221							129.99		6.95
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	128	14,221 580	\$		Ś	131 51	008	Ś	595.90	Ś	1.09
CO HOSPITAL INPATIENT TOTAL	128 13 12 3 3 0 0 0 3 2 0	63	-	76,275.41 62,761.39 59,126.50 3,634.89 2,081.70 .00 .00 2,081.70 1,553.19 .00 .00 13,514.02 1,976.08 526.43	7	996.21	.001	т.	4827.80	т.	.89
HSC HOSPITALS	12	5.4		59 126 50		1094.94	.001		4927.21		.84
NON-HSC HOSPITALS TOTAL	3	9		3 634 89		403.88	.000		1211.63		.05
ACCOMMODATIONS	3	9		2 081 70		231.30	.000		693.90		.03
ADMINISTRATIVE DAYS	0	0		2,001.70		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	9		2 081 70		231.30	.000		693.90		.03
ANCILLARIES	3	0		1 552 10		.00	.000		776.60		.02
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	2	0		1,333.19		.00	.000		.00		.02
INPALLENT CROSSOVERS	0	0		.00			.000				
ALL OIRER INPALLENT	1 2 0	U -17		.00		.00			.00		.00
CO HOSP OUTPATIENT TOTAL	120	21/		13,514.02		26.14	.007		112.62 39.52		.19
MEDICAL	50 11 42	59		1,976.08		33.49	.001				.03
SURGERY	11	10		020.10		35.10 14.53 59.41	.000		47.86		.01
	42	226 45		3,283.39		14.53	.003		78.18		.05
RADIOLOGY	24			2,673.62		59.41	.001		111.40		.04
ROOM USE	71	87		3,610.80		41.50	.001		50.86		.05
CROSSOVERS/ALL OTH OUTPTNT		85		1,443.70		16.98	.001		40.10		.02
			RES I	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2004 THRU	DEC	2004	Р	AGE 6,491
MOP024	FEE-FOR-SERVICE										03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS	ISTANCE - TOTAL							
							M				
70,256 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CAR				- ,	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7,708	36,351		5,579,246.12		153.48			723.83		79.41
COMM HOSP INPATIENT TOTAL	766	2,768					.039				62.76
HSC HOSPITALS	481	2,349		3,635,550.76		1547.70	.033		7558.32		51.75
NON-HSC HOSPITALS TOTAL	97	419		520,998.06		1243.43	.006		5371.11		7.42
ACCOMMODATIONS	95	419		179,521.75		428.45	.006		1889.70		2.56
ADMINISTRATIVE DAYS	8	13		2,832.87		217.91	.000		354.11		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	89	406		176,688.88		435.19	.006		1985.27		2.51
ANCILLARIES	96	0		341,476.31		.00	.000		3557.04		4.86
INPATIENT CROSSOVERS	218	0		252,898.21		.00	.000		1160.08		3.60
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	7,212	33,583		1,169,799.09		34.83	.478		162.20		16.65
MEDICAL	1,592	2,632		108,160.80		41.09	.037		67.94		1.54
SURGERY	490	665		31,157.75		46.85	.009		63.59		.44
PATHOLOGY	1,860	8,800		110,270.67		12.53	.125		59.29		1.57
RADIOLOGY	1,790	2,867		257,316.17		89.75	.041		143.75		3.66
ROOM USE	3,376	4,483		176,339.95		39.34	.064		52.23		2.51
CROSSOVERS/ALL OTH OUTPINT		14,136		486,553.75		34.42	.201		130.69		6.93
@STATE HOSPITAL	. 6	158	\$	110,643.13	\$	700.27	.002	\$	18440.52	\$	1.57
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	6	158		110,643.13		700.27	.002		18440.52		1.57
@NURSING FACILITY	726	19,883	\$	3,041,271.95	\$	152.96	.283	\$	4189.08	\$	43.29
LEV A-INTERMEDIATE	1	81		7,252.74		89.54	.001		7252.74		.10
LEV B-REHAB MD	58	1,827		249,594.34		136.61	.026		4303.35		3.55
LEV B-SUBACUTE FREESTANDING	3	49		30,080.61		613.89	.001		10026.87		.43
LEV B-SUBACUTE HSPTL BASED	12	366		202,335.57		552.83	.005		16861.30		2.88
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	657	17,560		2,552,008.69		145.33	.250		3884.34		36.32
@INTERMEDIATE CARE FACILDD	232	7,813	\$	1,318,707.12	\$	168.78	.111	\$	5684.08	\$	18.77
ICF DDH	232	7,813		1,317,098.04		168.58	.111		5677.15		18.75
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		1,609.08		.00	.000		.00		.02
@HEMODIALYSIS TOTAL	215	3,036	\$	210,552.72	\$	69.35	.043	\$	979.31	\$	3.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	215	3,036		210,552.72		69.35	.043		979.31		3.00
@REHABILITATION FACILITY	114	1,273	\$	18,948.99	\$	14.89	.018	\$	166.22	\$.27
HOSPITAL BASED	14	49		1,578.35		32.21	.001		112.74		.02
INDEPENDENT FACILITY	100	1,224		17,370.64		14.19	.017		173.71		.25
@LABORATORY FACILITY	3,241	18,585	\$	178,832.46	\$	9.62	.265	\$	55.18	\$	2.55
PATHOLOGY	3,107	18,238		171,208.28		9.39	.260		55.10		2.44
XO AND OTHERS	150	347		7,624.18		21.97	.005		50.83		.11
@ORGANIZED OUTPATIENT CLINIC	8,205	14,320	\$	1,171,377.51	\$	81.80	.204	\$	142.76	\$	16.67
CLINIC	1,189	4,203		103,881.87		24.72	.060		87.37		1.48
SURGICENTER	40	44		6,877.71		156.31	.001		171.94		.10
HEROIN DETOX CLINIC	19	254		2,910.14		11.46	.004		153.17		.04
RURAL HEALTH CLINIC	7,103	9,819		1,057,707.79		107.72	.140		148.91		15.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES I	MONTH-OF-PAYMENT RE	EPORI	FOR JAN	2004 THRU	DE	C 2004	P	AGE 6,492
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERVICE	S FOR PUBLIC	ASS	ISTANCE - TOTAL							
								MON'	THLY AVERA	GE ·	

70,256 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 6,552 371,647 5.290 \$ 275.90 \$ 25.73 @ALL OTHER PROVIDERS 1,807,664.95 4.86 102.41 448.48 DURABLE MED. EQUIP. 456 1,997 204,506.24 .028 2.91 0 .00 .00 BLOOD BANK .00 .00 .000 137 261 24,515.01 HEARING AID DISPENSERS 93.93 .004 178.94 .35 107,404.96 MEDICAL TRANSPORTATION 740 6,805 15.78 .097 145.14 1.53 AMBULANCES/AIR TRANS 649 6,183 95,662.62 15.47 .088 147.40 1.36 41 333 1,449.38 4.35 35.35 .02 OTHER TRANS .005 OTHER SERVICES 70 289 10,292.96 35.62 .004 147.04 .15 17.18 59.41 ACUPUNCTURE 164 567 9,742.84 .008 .14 ADULT DAY HEALTH CARE CTR 372 5,517 378,621.50 68.63 .079 1017.80 5.39 GENETIC DISEASE TESTING 16 16 1,680.00 105.00 .000 105.00 .02 818 8,337 375,719.63 45.07 459.31 .119 5.35 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 .00 .00 .00 .00 0 .000 OPTICIAN 834 2,941 36,916.47 12.55 44.26 .53 .042 PHYSICAL THERAPIST 5 23 341.43 14.84 .000 68.29 .00

PORTABLE X-RAY	52	107	1,918.26	17.93	.002	36.89	.03
PROSTHETIST/ORTHOTISTS	64	276	40,332.02	146.13	.004	630.19	.57
PROSTHETICS	64	276	40,332.02	146.13	.004	630.19	.57
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	20	60	2,329.71	38.83	.001	116.49	.03
SPEECH AND AUDIOLOGY	758	3 , 395	138,192.60	40.70	.048	182.31	1.97
HOSPICE SERVICES	35	948	133,775.95	141.11	.013	3822.17	1.90
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	984	20,664	230,124.69	11.14	.294	233.87	3.28
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,670	319,733	121,543.64	.38	4.551	72.78	1.73
@CALIF. CHILDREN SERVICES*	476	10,475	\$ 3,482,733.43	\$ 332.48	.149	\$ 7316.67	\$ 49.57
@XOVER EXCLUDING STATE HOSP**	6 , 138	56,064	\$ 927,374.03	\$ 16.54	.798	\$ 151.09	\$ 13.20

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,493
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

MARIN COUNTI	SUMMARI OF SER	VICES FOR MM - M	0 300	- AGED AID	CODE 14 IH				
							ONTHLY AVERA		
7,459 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ST UNITS/DAY			T PER
		OR DAYS OF CAR	E		PER UNIT/D				GIBLE
@TOTAL, ALL PROVIDERS	4,919	89 , 073	\$	2,571,475.55	\$ 28.87		\$ 522.76	\$ 3	44.75
@PHYSICIANS SERVICES	933	3,042	\$	96 , 114.76				\$	12.89
OUTPATIENT VISITS	223	290		14,919.27	51.45	.039	66.90		2.00
OFFICE VISITS	144	190		7,314.00	38.49	.025	50.79		.98
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	81	91		7,313.43	80.37	.012	90.29		.98
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	9	9		291.84	32.43	.001	32.43		.04
INPATIENT VISITS	55	206		8,974.81	43.57	.028	163.18		1.20
HOSPITAL VISITS	52	194		8,133.11	41.92	.026	156.41		1.09
CRITICAL CARE	3	5		608.00	121.60	.001	202.67		.08
SNF/ICF/TRANS IP CARE	3	7		233.70	33.39	.001	77.90		.03
OPHTHALMOLOGICAL SERVICES	35	40		1,710.27	42.76		48.86		.23
EXAMINATIONS	35	40		1,710.27	42.76	.005	48.86		.23
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	22	100		9,102.06	91.02	.013	413.73		1.22
PRINCIPAL SURGEON	16	18		7,216.61	400.92	.002	451.04		.97
ASSISTANT SURGEON	1	1		134.77	134.77	.000	134.77		.02
ANESTHESIOLOGIST	9	81		1,750.68	21.61	.011	194.52		.23
OUTPATIENT SURGERY	47	100		11,508.85	115.09		244.87		1.54
PRINCIPAL SURGEON	38	43		9,927.13	230.86	.006	261.24		1.33
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	10	57		1,581.72	27.75	.008	158.17		.21
DIALYSIS	6	11		2,163.64	196.69		360.61		.29
PATHOLOGY	25	71		960.07	13.52		38.40		.13
RADIOLOGY	186	367		15,533.99	42.33	.049	83.52		2.08
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	10	15		3,095.04	206.34	.002	309.50		.41
OTHER SERVICES/ALL X-OVERS	599	1,842		28,146.76	15.28	.247	46.99		3.77
@PHARMACY	3,839	44,191	\$	1,121,303.36	\$ 25.37	5.925	\$ 292.08	\$ 1	50.33
PRESCRIPTION DRUGS	3,756	13,286		1,090,305.74	82.06	1.781	290.28	1	46.17

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	190	1,171		98,661.59		84.25	.157	519.27	13.23
OUTPATIENTS	3,602	12 , 115		991,644.15		81.85	1.624	275.30	132.95
MEDICAL SUPPLIES	292	30 , 905		30 , 997.62		1.00	4.143	106.16	4.16
@DENTIST	302	910	\$	41,868.95	\$	46.01	.122	\$ 138.64	\$ 5.61
VISITS - DIAGNOSTIC	195	528		8,654.75		16.39	.071	44.38	1.16
ORAL SURGERY	41	133		5,976.70		44.94	.018	145.77	.80
DRUGS	1	1		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	13	15		961.00		64.07	.002	73.92	.13
ENDODONTICS	12	13		3,426.00		263.54	.002	285.50	.46
RESTORATIVE DENTISTRY	68	115		5,824.75		50.65	.015	85.66	.78
PROSTHETICS	3	3		80.00		26.67	.000	26.67	.01
DENTURES, STAYPLATES	47	103		16,945.75		164.52	.014	360.55	2.27
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	3	1CR		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUE	RES MOI	NTH-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC 2004	PAGE 6,494
MOP024	FEE-FOR-SERVICE/DENT.	AL							03/14/05
MARIN COUNTY	SUMMARY OF SERVICES	FOR MN - NO	SOC .	- AGED AID	CODE	14 1H 1U	1X		

MARIN COUNTY	SUMMARY OF SER	VICES FOR MN - NO	500	- AGED AID	COD	E 14 1H 1U					
									THLY AVERA	GE	
7,459 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES		ERAGE COST		S	COST PER		COST PER
		OR DAYS OF CARE	3		PΕ	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	35	91	\$	2,086.09	\$	22.92	.012	\$	59.60	\$.28
DIAGNOSTIC AND ANC. PROCED	12	12		573.03		47.75	.002		47.75		.08
EYE APPLIANCES	28	77		1,327.81		17.24	.010		47.42		.18
OTHER OPTOMETRIC SERVICES	3	2		185.25		92.63	.000		61.75		.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	31	48	\$	544.22	\$	11.34	.006	\$	17.56	\$.07
MEDICINE/INJECTIONS	5	5		186.40		37.28	.001		37.28		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	26	43		357.82		8.32	.006		13.76		.05
@HOME HEALTH AGENCY	15	99	\$	6,928.44	\$	69.98	.013	\$	461.90	\$.93
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	603	3,429	\$	421,115.01	\$	122.81	.460	\$	698.37	\$	56.46
HOSP INPATIENT TOTAL	87	166		289,892.59		1746.34	.022		3332.10		38.86
HSC HOSPITALS	46	159		251,909.43		1584.34	.021		5476.29		33.77
NON-HSC HOSPITAL TOTAL	5	7		7,878.36		1125.48	.001		1575.67		1.06
ACCOMMODATIONS	5	7		3,427.84		489.69	.001		685.57		.46
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	7		3,427.84		489.69	.001		685.57		.46
ANCILLARIES	5	0		4,450.52		.00	.000		890.10		.60
INPATIENT CROSSOVERS	38	0		30,104.80		.00	.000		792.23		4.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	546	3,263		131,222.42		40.22	.437		240.33		17.59
MEDICAL	138	203		9,118.29		44.92	.027		66.07		1.22
SURGERY	31	36		1,469.79		40.83	.005		47.41		.20
PATHOLOGY	153	695		8,939.10		12.86	.093		58.43		1.20

RADIOLOGY	170	391	54,936.51	140.50	.052	323.16	7.37
ROOM USE	131	164	6,543.45	39.90	.022	49.95	.88
CROSSOVERS/ALL OTH OUTPINT	302	1,774	50,215.28	28.31	.238	166.28	6.73
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 6,495
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
MARIN COUNTY	SUMMARY OF SERVICE	S FOR MN - NO SOC	- AGED AID	CODE 14 1H 1U	1X		
					MON	ITHLY AVERAG	E
7,459 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	603	3 , 429 \$	421,115.01	\$ 122.81	.460 \$	698.37	\$ 56.46
COMM HOSP INPATIENT TOTAL	87	166	289,892.59	1746.34	.022	3332.10	38.86
HSC HOSPITALS	46	159	251,909.43	1584.34	.021	5476.29	33.77
NON-HSC HOSPITALS TOTAL	5	7	7,878.36	1125.48	.001	1575.67	1.06
ACCOMMODATIONS	5	7	3,427.84	489.69	.001	685.57	.46

	_	_									
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	7		3,427.84		489.69	.001		685.57		.46
ANCILLARIES	5	0		4,450.52		.00	.000		890.10		.60
INPATIENT CROSSOVERS	38	0		30,104.80		.00	.000		792.23		4.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	546	3,263		131,222.42		40.22	.437		240.33		17.59
MEDICAL	138	203		9,118.29		44.92	.027		66.07		1.22
SURGERY	31	36		1,469.79		40.83	.005		47.41		.20
PATHOLOGY	153	695		8,939.10		12.86	.093		58.43		1.20
RADIOLOGY	170	391		54,936.51		140.50	.052		323.16		7.37
ROOM USE	131	164		6,543.45		39.90	.022		49.95		.88
CROSSOVERS/ALL OTH OUTPTNT	302	1,774		50,215.28		28.31	.238		166.28		6.73
@STATE HOSPITAL	0 0 0 0 131 0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	131	3 , 296	\$	503,245.71	\$	152.68	.442	\$	3841.57	\$	67.47
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	131	3,296		503,245.71		152.68	.442		3841.57		67.47
		0	\$.00	\$.00	.000	Ś		Ś	.00
ICF DDH	0	0	-	.00	-	.00	.000	7	.00	т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0 0 0 33 0	641	\$	44,110.37	\$	68.81	.086	Ċ	1336.68	Ċ	5.91
HOSPITAL BASED	55	0	۲	.00	۲	.00	.000	۲	.00	ې	.00
HEMODIALYSIS CENTER	33	641		44,110.37		68.81			1336.68		5.91
			ć		Ċ		.086	ć		Ċ	
@REHABILITATION FACILITY	U	0	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	_	.00	_	.00	.000	_	.00	_	.00
@LABORATORY FACILITY	284 255	2,576	\$	18,667.82	\$	7.25	.345	Ş	65.73	Ş	2.50
PATHOLOGY		2,505		16,359.36		6.53	.336		64.15		2.19
XO AND OTHERS	33	71		2,308.46		32.51	.010		69.95		.31
@ORGANIZED OUTPATIENT CLINIC	691	1,009	\$	78 , 622.23	\$	77.92	.135	\$	113.78	\$	10.54
CLINIC	32	85		1,839.50		21.64	.011		57.48		.25
SURGICENTER	3	4		561.50		140.38	.001		187.17		.08
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	673	920		76,221.23		82.85	.123		113.26		10.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPORI	FOR JAN 2	2004 THRU	DEC	2004	PI	AGE 6,496
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MN - N	o soc	- AGED AID	CODE	14 1H 1U	1X				
							M	ONT	HLY AVERA	GE -	
7,459 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
•		OR DAYS OF CAR			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	532	29,741	\$	236,868.59			3.987		445.24		31.76
DURABLE MED. EQUIP.	15	43		6,904.01		160.56	.006		460.27		.93
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	12	19		3,473.61		182.82	.003		289.47		.47
MEDICAL TRANSPORTATION	34	240		3,498.50		14.58	.032		102.90		.47
AMBULANCES/AIR TRANS	23					18.44					.40
		160		2,950.91			.021		128.30		
OTHER TRANS	4	28		208.54		7.45	.004		52.14		.03
OTHER SERVICES	8	52		339.05		6.52	.007		42.38		.05
ACUPUNCTURE	5	15		264.92		17.66	.002		52.98		.04

ADULT DAY HEALTH CARE CTR	128	1 , 969	134,522.88	68.32	.264	1050.	96	18.03
GENETIC DISEASE TESTING	0	0	.00	.00	.000		00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	148	529	43,269.24	81.79	.071	292.	36	5.80
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		00	.00
OPTICIAN	75	282	3,695.99	13.11	.038	49.	28	.50
PHYSICAL THERAPIST	0	0	.00	.00	.000		00	.00
PORTABLE X-RAY	3	5	41.40	8.28	.001	13.	80	.01
PROSTHETIST/ORTHOTISTS	1	2	147.29	73.65	.000	147.	29	.02
PROSTHETICS	1	2	147.29	73.65	.000	147.	29	.02
ORTHOTICS	0	0	.00	.00	.000		00	.00
PSYCHOLOGIST	1	1	61.73	61.73	.000	61.	73	.01
SPEECH AND AUDIOLOGY	3	3	705.68	235.23	.000	235.	23	.09
HOSPICE SERVICES	11	239	32,698.16	136.81	.032	2972.	56	4.38
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		00	.00
ALL OTHER PROVIDERS	127	26,394	7,585.18	.29	3.539	59.	73	1.02
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.	00	\$.00
@XOVER EXCLUDING STATE HOSP**	760	5,901	\$ 143,374.20	\$ 24.30	.791	\$ 188.	65	\$ 19.22

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,497
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

					MON	THLY AVERA	GE
19 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	20	1,141 \$	7,040.28	\$ 6.17	60.053 \$	352.01	\$ 370.54
@PHYSICIANS SERVICES	10	42 \$	848.48	\$ 20.20	2.211 \$	84.85	\$ 44.66
OUTPATIENT VISITS	7	7	144.38	20.63	.368	20.63	7.60
OFFICE VISITS	7	7	144.38	20.63	.368	20.63	7.60
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	29	150.83	5.20	1.526	25.14	7.94

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	4	6		553.27		92.21	.316		138.32		29.12
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	12	25	\$	1,241.24	\$	49.65	1.316	\$	103.44	\$	65.33
PRESCRIPTION DRUGS	11	20		979.56		48.98	1.053		89.05		51.56
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	11	20		979.56		48.98	1.053		89.05		51.56
MEDICAL SUPPLIES	2	5		261.68		52.34	.263		130.84		13.77
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE	S MONTH-OF	F-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PAGE	6,498
MOP024	FEE-FOR-SERVICE/DENT	'AL								(3/14/05

AID CODE 24

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 19 ELIGIBLES USERS UNITS OF SERVICE PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE .000 \$ @OPTOMETRIST 0 .00 .00 .00 \$.00 .00 DIAGNOSTIC AND ANC. PROCED .00 .000 .00 .00 EYE APPLIANCES .00 .00 .000 .00 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 \$.00 .000 \$.00 \$ @CHIROPRACTOR VISITS 0 .00 .00 .000 .00 .00 .000 OTHER SERVICES 0 .00 .00 .00 .00 .00 \$.00 .000 \$.00 \$.00 @PODIATRIST .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .00 SURGERY/ANES. .00 .000 .00 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 OTHER 0 .00 .00 .000 .00 .00 0 .00 \$ @HOME HEALTH AGENCY .00 .000 \$.00 \$.00 .00 \$ NURSE ANESTHESIST .00 .00 .000 \$ NURSE MIDWIFE .00 \$.00 .000 \$.00 \$.00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 \$.00 \$.00 .00 .00 .000 \$ FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL .00 .00 .000 \$.00 \$.00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 HSC HOSPITALS .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 ALL OTHER ACCOM .00 .000 .00 .00 ANCILLARIES .00 .000 .00 .00

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

MARIN COUNTY

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	U	U		.00	.00	.000	.00		.00
MEDICAL	U	U		.00	.00	.000	.00		.00
SURGERY	U	0		.00	.00	.000	.00		.00
PATHOLOGY	O	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$			\$.00	.000	•	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	MONTH-OF-PAYME					PAGE	6,499
			TIONIII OI IIIIII		01(1 1 01(0111(2	.001 111110 1	2001		
MOP024	FEE-FOR-SERVICE	DENTAL.						0.3	/14/05
MOP024 MARIN COUNTY	FEE-FOR-SERVICE/		SOC - BLIND		AID CODE	24		03	/14/05
MOPU24 MARIN COUNTY		DENTAL CES FOR MN - NO S	OC - BLIND		AID CODE		ONTHLY AVERA		
			OC - BLIND EXPENDITU	JRES 2	AID CODE	MC	ONTHLY AVERA		
MARIN COUNTY	SUMMARY OF SERVI	CES FOR MN - NO S UNITS OF SERVICE			AVERAGE COST	MC UNITS/DAYS	COST PER	AGE COST	 PER
MARIN COUNTY 19 ELIGIBLES	SUMMARY OF SERVI	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE	EXPENDITU		AVERAGE COST PER UNIT/DAY	MC UNITS/DAYS PER ELIG	COST PER USER	AGE COST ELIG	 PER IBLE
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVI USERS 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITU	.00	AVERAGE COST PER UNIT/DAY \$.00	MC UNITS/DAYS PER ELIG .000	COST PER USER \$.00	AGE COST ELIG	PER IBLE
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERVI	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE	EXPENDITU	.00	AVERAGE COST PER UNIT/DAY \$.00	MC UNITS/DAYS PER ELIG .000 .000	COST PER USER .00 .00	AGE COST ELIG	PER IBLE .00
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVI USERS 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITU	.00	AVERAGE COST PER UNIT/DAY \$.00 .00	UNITS/DAYS PER ELIG .000 .000	COST PER USER \$.00 .00 .00	AGE COST ELIG	PER IBLE .00 .00
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVI USERS 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITU	.00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000	S COST PER USER \$.00 .00 .00 .00	AGE COST ELIG	PER IBLE .00 .00
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERVI USERS 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITU	.00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000	S COST PER USER \$.00 .00 .00 .00	AGE COST ELIG	PER IBLE .00 .00 .00
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVI USERS 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITU	.00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	\$ COST PER USER \$.00 .00 .00 .00 .00	AGE COST ELIG	PER IBLE .00 .00 .00 .00
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVI USERS 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITU	.00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	S COST PER USER \$.00 .00 .00 .00 .00	AGE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVI USERS 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITU	.00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00	AGE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVI USERS 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITU	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00	AGE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVI USERS 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITU	.00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00	AGE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERVI USERS 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITU	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AGE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERVI USERS 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITU	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00	AGE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERVI USERS 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITU	.00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00	AGE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITU	.00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AGE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITU	.00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AGE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITU	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITU	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0	EXPENDITU	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE COST ELIG \$	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0	EXPENDITU	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0	EXPENDITU	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE COST ELIG \$	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITU	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST ELIG \$	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0	EXPENDITU	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE COST ELIG \$	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	3	\$	49.24	\$	16.41	.158	\$	49.24	\$	2.59
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	3		49.24		16.41	.158		49.24		2.59
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 6,500
MOP024	FEE-FOR-SERVICE/D	ENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERVIC	ES FOR MN - NO	SOC	- BLIND		AID CODE	24				
							N	ITNO	HLY AVERA	GE -	
19 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES			UNITS/DAY	rs (COST PER	C	OST PER
		OR DAYS OF CARE			PER	UNIT/DAY			USER	E	LIGIBLE
@ALL OTHER PROVIDERS	6	1,071	\$	4,901.32	\$	4.58	56.368	\$	816.89	\$	257.96
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0		.00		.00	.000		00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		00		.00
OTHER TRANS	0	0		.00		.00	.000		00		.00
OTHER SERVICES	0	0		.00		.00	.000		00		.00
ACUPUNCTURE	0	0		.00		.00	.000		00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		00		.00
OPTICIAN	1	5		59.49	1	L1.90	.263	59.	49		3.13
PHYSICAL THERAPIST	0	0		.00		.00	.000		00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		00		.00
PROSTHETICS	0	0		.00		.00	.000		00		.00
ORTHOTICS	0	0		.00		.00	.000		00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		00		.00
LOCAL EDUCATION AGENCIES	4	313		4,375.28	-	L3.98	16.474	1093.	82	2	230.28
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		00		.00
ALL OTHER PROVIDERS	2	753		466.55		.62	39.632	233.	28		24.56
@CALIF. CHILDREN SERVICES*	1	3	\$	49.24	\$ 2	L6.41	.158		24	\$	2.59
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.	00	\$.00
O + MOMATO TAL MUDOD TEAMOR AND CITIES		TATEODAGAERTOAT	TENTA O	ATT SZ							

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,501
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

----- MONTHLY AVERAGE -----5,073 ELIGIBLES EXPENDITURES COST PER USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 4,317 86,701 Ś 3,866,332.35 44.59 17.091 \$ 895.61 \$ 762.14 868 3,382 43.31 .667 \$ 168.76 \$ 28.88 @PHYSICIANS SERVICES 146,484.49 254 OUTPATIENT VISITS 396 18,140.70 45.81 .078 71.42 3.58 175 45.34 OFFICE VISITS 244 7,935.30 32.52 .048 1.56 0 .00 0 .00 .000 HOME VISITS .00 .00 95 EMERGENCY ROOM 138 9,784.55 70.90 .027 103.00 1.93 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI OTHER OUTPATIENT 13 14 420.85 30.06 .003 32.37 .08 INPATIENT VISITS 734 36,586.26 49.85 .145 402.05 7.21 653 27,381.36 41.93 .129 318.39 HOSPITAL VISITS 12 79 758.78 CRITICAL CARE 9,105.30 115.26 .016 1.79 SNF/ICF/TRANS IP CARE 2 2 49.80 .000 49.80 99.60 .02 OPHTHALMOLOGICAL SERVICES 19 21 881.18 41.96 .004 46.38 .17 21 881.18 41.96 46.38 EXAMINATIONS 19 .004 .17 .00 Ω 0 .00 .00 .000 .00 SERVICES AND MATERIALS 29 321 22,556.35 70.27 .063 INPATIENT HOSPITAL SURGERY 777.81 4.45 20 59 16,271.30 PRINCIPAL SURGEON 275.78 .012 813.57 3.21 3 833.95 277.98 ASSISTANT SURGEON 3 277.98 .001 .16 ANESTHESIOLOGIST 14 259 5,451.10 21.05 .051 389.36 1.07

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	46	122		8,254.74		67.66	.024	179.45		1.63
PRINCIPAL SURGEON	36	52		6,773.85		130.27	.010	188.16		1.34
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	11	70		1,480.89		21.16	.014	134.63		.29
DIALYSIS	31	85		12,479.20		146.81	.017	402.55		2.46
PATHOLOGY	38	110		763.23		6.94	.022	20.09		.15
RADIOLOGY	144	382		18,048.69		47.25	.075	125.34		3.56
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	14	40		1,952.15		48.80	.008	139.44		.38
OTHER SERVICES/ALL X-OVERS	530	1,171		26,821.99		22.91	.231	50.61		5.29
@PHARMACY	3 , 438	34,851	Ś			58.97	6.870		ċ	405.13
0	•	•	Ş	2,055,208.44					Ş	
PRESCRIPTION DRUGS	3,382	16,344		2,027,545.79		124.05	3.222	599.51		399.67
SNF/ICF	184	1,641		229,462.83		139.83	.323	1247.08		45.23
OUTPATIENTS	3 , 255	14,703		1,798,082.96		122.29	2.898	552.41		354.44
MEDICAL SUPPLIES	268	18 , 507		27,662.65		1.49	3.648	103.22		5.45
@DENTIST	305	1,045	\$	36,732.51	\$	35.15	.206	\$ 120.43	\$	7.24
VISITS - DIAGNOSTIC	202	616		9,050.26		14.69	.121	44.80		1.78
ORAL SURGERY	39	158		8,155.25		51.62	.031	209.11		1.61
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	1	1		100.00		100.00	.000	100.00		.02
PERIODONTICS	11	11		873.00		79.36	.002	79.36		.17
ENDODONTICS	14	18		2,077.00		115.39	.004	148.36		.41
RESTORATIVE DENTISTRY	76	168		8,444.00		50.26	.033	111.11		1.66
PROSTHETICS	6	7		150.00		21.43	.001	25.00		.03
DENTURES, STAYPLATES	17	50		7,883.00		157.66	.010	463.71		1.55
•	0	0		•						.00
SPACE MAINTAINERS		0		.00		.00	.000	.00		
MAXILLOFACIAL SERVICES	0			.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	12	16		.00		.00	.003	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES M	IONTH-OF-PAYMENT	REPOR'	I FOR JAN 2	2004 THRU D	EC 2004	P.	AGE 6,502
MOP024	FEE-FOR-SERVICE	E/DENTAL								03/14/05
MARIN COUNTY	SUMMARY OF SERV	VICES FOR MN - NC	SOC	: - DISABLED 64	6G 61	H 6U 6V 6X	8G			
							MC	NTHLY AVERA	GE	
5,073 ELIGIBLES	USERS	UNITS OF SERVICE]	EXPENDITURES	AV.	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PE:	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	29	66	\$	2,298.62	\$	34.83	.013	\$ 79.26	\$.45
DIAGNOSTIC AND ANC. PROCED	17	17		802.27		47.19	.003	47.19	•	.16
EYE APPLIANCES	15	48		1,393.47		29.03	.009	92.90		.27
OTHER OPTOMETRIC SERVICES	3	1		102.88		102.88	.000	34.29		.02
@CHIROPRACTOR	0	0	Ś	.00		.00	.000		Ś	.00
VISITS	0	0	Ψ	.00		.00	.000	.00	Υ	.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
	33	46	Ś	614.23					ċ	.12
@PODIATRIST	2	46	Þ			13.35	.009	•	Ą	
MEDICINE/INJECTIONS	<u>2</u> 1			91.50		45.75	.000	45.75		.02
SURGERY/ANES.	_	1		202.53		202.53	.000	202.53		.04
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	30	43		320.20		7.45	.008	10.67		.06

@HOME HEALTH AGENCY

NURSE ANESTHESIST

HSC HOSPITALS

PEDIATRIC NURSE PRACTITIONER

FAMILY NURSE PRACTITIONER

HOSP INPATIENT TOTAL

NURSE MIDWIFE

@TOTAL HOSPITAL

32

0

0

0

0

597

46

84

4,101

0 0

3,521

513

456

0

\$

73,520.01 \$ 17.93

.00 \$

.00 \$

.00 \$

774,872.44

705,652.00

927,386.49 \$ 263.39

.00 \$.00

.00

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.00

1510.47

1547.48

.808 \$ 2297.50 \$

.000 \$.00 \$

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.00 \$

.694 \$ 1553.41 \$ 182.81

9224.67

15340.26

.000 \$

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14.49

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.00

152.74

139.10

15	57		41,888.86		734.89	.011	2792.59		8.26
15	57		17,901.35		314.06	.011	1193.42		3.53
1	3		346.95		115.65	.001	346.95		.07
0	0		.00		.00	.000	.00		.00
14	54		17,554.40		325.08	.011	1253.89		3.46
15	0		23,987.51		.00	.000	1599.17		4.73
32	0		27,331.58		.00	.000	854.11		5.39
0	0		.00		.00	.000	.00		.00
543	3,008		152,514.05		50.70	.593	280.87		30.06
100	192		7,022.05		36.57	.038	70.22		1.38
26	34		2,168.40		63.78	.007	83.40		.43
109	626		7,630.08		12.19	.123	70.00		1.50
106	287		47,081.63		164.05	.057	444.17		9.28
137	203		7,679.14		37.83	.040	56.05		1.51
391	1,666		80,932.75		48.58	.328	206.99		15.95
5	59	\$	40,160.54	\$	680.69	.012	\$ 8032.11	\$	7.92
3	35		39,550.00		1130.00	.007	13183.33		7.80
3	35		39,550.00			.007	13183.33		7.80
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
5	24		610.54		25.44	.005	122.11		.12
3	7		238.16		34.02	.001	79.39		.05
0	0		.00		.00	.000	.00		.00
1	8		82.41		10.30	.002	82.41		.02
0	0		.00		.00	.000	.00		.00
3	7		256.37		36.62	.001	85.46		.05
2	2		33.60		16.80	.000	16.80		.01
MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2004 THRU	DEC 2004	PA	GE 6,503
									03/14/05
SUMMARY OF SERVICES FO	OR MN - N	NO SC	OC - DISABLED 64	6G 6	H 6U 6V 6				
								GE -	
	15 1 0 14 15 32 0 543 100 26 109 106 137 391 5 3 0 0 0 0 0 0 0 0 0 0 0 0 0	15 57 1 3 0 0 14 54 15 0 32 0 0 0 543 3,008 100 192 26 34 109 626 106 287 137 203 391 1,666 5 59 3 35 3 35 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 57 1 3 0 0 14 54 15 0 32 0 0 0 543 3,008 100 192 26 34 109 626 106 287 137 203 391 1,666 5 59 \$ 3 355 3 355 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 57 17,901.35 1 3 346.95 0 0 0 0 .00 14 54 17,554.40 15 0 23,987.51 32 0 27,331.58 0 0 0 .00 543 3,008 152,514.05 100 192 7,022.05 26 34 2,168.40 109 626 7,630.08 106 287 47,081.63 137 203 7,679.14 391 1,666 80,932.75 5 59 \$ 40,160.54 3 35 39,550.00 3 35 39,550.00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	15 57 17,901.35 1 346.95 0 0 0 0 .00 14 54 17,554.40 15 0 23,987.51 32 0 27,331.58 0 0 0 .00 543 3,008 152,514.05 100 192 7,022.05 26 34 2,168.40 109 626 7,630.08 106 287 47,081.63 137 203 7,679.14 391 1,666 80,932.75 5 59 \$ 40,160.54 \$ 3 35 39,550.00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	15 57 17,901.35 314.06 1 3 346.95 115.65 0 0 0 00000 14 54 17,554.40 325.08 15 0 23,987.5100 32 0 27,331.5800 0 00000 543 3,008 152,514.05 50.70 100 192 7,022.05 36.57 26 34 2,168.40 63.78 109 626 7,630.08 12.19 106 287 47,081.63 164.05 137 203 7,679.14 37.83 391 1,666 80,932.75 48.58 5 59 \$ 40,160.54 \$ 680.69 3 3 35 39,550.00 1130.00 3 3 35 39,550.00 1130.00 0 0 00000 0 0 00000 0 0 0 0	15 57 17,901.35 314.06 .011 1 3 346.95 115.65 .001 0 0 .00 .00 .00 .000 14 54 17,554.40 325.08 .011 15 0 23,987.51 .00 .000 0 0 .00 .00 .000 0 .00 .00 .00	15 57 17,901.35 314.06 .011 1193.42 1 3 346.95 115.65 .001 346.95 0 0 0 .00 .00 .00 .00 .000 .000 14 54 17,554.40 325.08 .011 1253.89 15 0 23,987.51 .00 .000 .000 1599.17 32 0 27,331.58 .00 .000 .000 .599.17 32 0 .00 .00 .00 .00 .000 .000 .000 543 3,008 152,514.05 50.70 .593 280.87 100 192 7,022.05 36.57 .038 70.22 26 34 2,168.40 63.78 .007 83.40 109 626 7,630.08 12.19 .123 70.00 106 287 47,081.63 164.05 .057 444.17 137 203 7,679.14 37.83 .040 55.055 391 1,666 80,932.75 48.58 .328 206.99 5 5 59 \$ 40,160.54 \$ 680.69 .012 \$ 8032.11 3 3 35 39,550.00 1130.00 .007 13183.33 3 35 39,550.00 1130.00 .007 13183.33 3 35 39,550.00 1130.00 .007 13183.33 3 3 35 39,550.00 1130.00 .007 .000 .000 .000 0 0 0 0 0 0 0 0 0 0 0	15 57 17,901.35 314.06 .011 1193.42 1 3 346.95 100 346.95 115.65 .001 346.95 1 1 3 3 46.95 115.65 .001 346.95 0

					1101		.01
5,073 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	596	3 , 462 \$	887,225.95	\$ 256.28	.682	\$ 1488.63	\$ 174.89
COMM HOSP INPATIENT TOTAL	83	478	735,322.44	1538.33	.094	8859.31	144.95
HSC HOSPITALS	45	421	666,102.00	1582.19	.083	14802.27	131.30
NON-HSC HOSPITALS TOTAL	15	57	41,888.86	734.89	.011	2792.59	8.26
ACCOMMODATIONS	15	57	17,901.35	314.06	.011	1193.42	3.53
ADMINISTRATIVE DAYS	1	3	346.95	115.65	.001	346.95	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	14	54	17,554.40	325.08	.011	1253.89	3.46
ANCILLARIES	15	0	23,987.51	.00	.000	1599.17	4.73
INPATIENT CROSSOVERS	32	0	27,331.58	.00	.000	854.11	5.39
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	541	2,984	151,903.51	50.91	.588	280.78	29.94
MEDICAL	99	185	6,783.89	36.67	.036	68.52	1.34
SURGERY	26	34	2,168.40	63.78	.007	83.40	.43
PATHOLOGY	108	618	7,547.67	12.21	.122	69.89	1.49
RADIOLOGY	106	287	47,081.63	164.05	.057	444.17	9.28
ROOM USE	134	196	7,422.77	37.87	.039	55.39	1.46

	2.2.2	1 664		00 000 15		40.00	200	005 40		1 - 0 -
CROSSOVERS/ALL OTH OUTPINT		1,664	^	80,899.15		48.62	.328	207.43	<u> </u>	15.95
@STATE HOSPITAL	0	0	\$.00		.00		\$.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	O	0		.00		.00	.000	.00		.00
@NURSING FACILITY	43	1,410	\$	208,702.80		148.02	.278	\$ 4853.55	Ş	41.14
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	12	421		61,070.26		145.06	.083	5089.19		12.04
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	32	989		147,632.54		149.27	.195	4613.52		29.10
@INTERMEDIATE CARE FACILDD	6	212	\$	35,640.66			.042	\$ 5940.11	\$	7.03
ICF DDH	5	183		30,339.75		165.79	.036	6067.95		5.98
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	1	29		5,300.91		182.79	.006	5300.91		1.04
@HEMODIALYSIS TOTAL	62	2,922	\$	126,421.74	\$	43.27	.576	\$ 2039.06	\$	24.92
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	62	2,922		126,421.74		43.27	.576	2039.06		24.92
@REHABILITATION FACILITY	57	1,307	\$	18,072.02	\$	13.83	.258	\$ 317.05	\$	3.56
HOSPITAL BASED	1	1		94.97		94.97	.000	94.97		.02
INDEPENDENT FACILITY	56	1,306		17,977.05		13.76	.257	321.02		3.54
@LABORATORY FACILITY	253	1,628	\$	18,914.05		11.62	.321	\$ 74.76	\$	3.73
PATHOLOGY	232	1,570		17,072.04		10.87	.309	73.59		3.37
XO AND OTHERS	24	58		1,842.01		31.76	.011	76.75		.36
@ORGANIZED OUTPATIENT CLINIC	465	812	\$	49,094.66	\$	60.46	.160	\$ 105.58	\$	9.68
CLINIC	51	184		2,751.67		14.95	.036	53.95		.54
SURGICENTER	6	6		1,006.45		167.74	.001	167.74		.20
HEROIN DETOX CLINIC	2	20		261.65		13.08	.004	130.83		.05
RURAL HEALTH CLINIC	412	602		45,074.89		74.88	.119	109.41		8.89
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDIT	URES N	ONTH-OF-PAYMENT	REPOF	RT FOR JAN 2	2004 THRU D	EC 2004	F	AGE 6,504
MOP024	FEE-FOR-SERVICE	DENTAL								03/14/05
MARIN COUNTY		/ICES FOR MN - 1	NO SOC	C - DISABLED 64	6G 6	SH 6U 6V 6X	8G			, , ,
			, 200		'			NTHLY AVER	AGE	
5,073 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	JΑ	ERAGE COST			-	COST PER
0,0.0 =========	00210	OR DAVE OF CA				D INTE /DAY		, CODI ILI		DITCIDID

					MON	THLY AVERAG	E
5,073 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	478	31,398 \$	167,241.63	\$ 5.33	6.189 \$	349.88	\$ 32.97
DURABLE MED. EQUIP.	38	151	27,508.41	182.17	.030	723.91	5.42
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	265.00	132.50	.000	132.50	.05
MEDICAL TRANSPORTATION	74	755	8,963.68	11.87	.149	121.13	1.77
AMBULANCES/AIR TRANS	67	561	8,463.00	15.09	.111	126.31	1.67
OTHER TRANS	4	165	345.30	2.09	.033	86.33	.07
OTHER SERVICES	3	29	155.38	5.36	.006	51.79	.03
ACUPUNCTURE	5	21	373.05	17.76	.004	74.61	.07
ADULT DAY HEALTH CARE CTR	21	289	20,119.06	69.62	.057	958.05	3.97
GENETIC DISEASE TESTING	1	1	57.00	57.00	.000	57.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	9	107	4,811.23	44.96	.021	534.58	.95
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	61	232	3,013.61	12.99	.046	49.40	.59
PHYSICAL THERAPIST	1	10	105.20	10.52	.002	105.20	.02
PORTABLE X-RAY	2	2	2.28	1.14	.000	1.14	.00
PROSTHETIST/ORTHOTISTS	8	29	3,244.64	111.88	.006	405.58	.64
PROSTHETICS	8	29	3,244.64	111.88	.006	405.58	.64
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	61.73	61.73	.000	61.73	.01
SPEECH AND AUDIOLOGY	2	5	111.73	22.35	.001	55.87	.02

HOSPICE SERVICES	11	133		18,114.09	136.20	.026	1646.74	3.57
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	88	6,183		70,433.72	11.39	1.219	800.38	13.88
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	188	23,477		10,057.20	.43	4.628	53.50	1.98
@CALIF. CHILDREN SERVICES*	95	2,925	\$	47,991.54	\$ 16.41	.577	\$ 505.17	\$ 9.46
@XOVER EXCLUDING STATE HOSP**	800	5,645	\$	115,063.48	\$ 20.38	1.113	\$ 143.83	\$ 22.68
0 * momate the miner times are cively		T TNECDMARKON	TERM O	NIT V.				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,505 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MARIN COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

			MON	GE				
75,522 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	25 , 915	131,036	\$	8,520,295.14	\$ 65.02	1.735	328.78	\$ 112.82
@PHYSICIANS SERVICES	8 , 056	18 , 919	\$	906,170.60	\$ 47.90	.251	112.48	\$ 12.00
OUTPATIENT VISITS	5,201	6,449		276,458.42	42.87	.085	53.15	3.66
OFFICE VISITS	2,405	3,017		100,765.44	33.40	.040	41.90	1.33
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2,831	3 , 166		163,593.35	51.67	.042	57.79	2.17
PREVENTIVE CARE	10	10		412.85	41.29	.000	41.29	.01
OB VISITS/COMPRE PERI	68	162		8,597.14	53.07	.002	126.43	.11
OTHER OUTPATIENT	82	94		3,089.64	32.87	.001	37.68	.04
INPATIENT VISITS	342	1,253		75,290.37	60.09	.017	220.15	1.00
HOSPITAL VISITS	322	1,029		45,049.64	43.78	.014	139.91	.60
CRITICAL CARE	46	223		30,168.63	135.29	.003	655.84	.40
SNF/ICF/TRANS IP CARE	1	1		72.10	72.10	.000	72.10	.00
OPHTHALMOLOGICAL SERVICES	196	252		10,250.28	40.68	.003	52.30	.14

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	196	252		10,250.28		40.68	.003		52.30		.14
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	359	2,559		132,949.90		51.95	.034		370.33		1.76
PRINCIPAL SURGEON	172	223		77,443.82		347.28	.003		450.25		1.03
ASSISTANT SURGEON	32	32		5,657.04		176.78	.000		176.78		.07
ANESTHESIOLOGIST	189	2,304		49,849.04		21.64	.031		263.75		.66
OUTPATIENT SURGERY	1,055	2,005		243,109.52		121.25	.027		230.44		3.22
PRINCIPAL SURGEON	956	1,250		223,228.81		178.58	.017		233.50		2.96
ASSISTANT SURGEON	5	5		787.35		157.47	.000		157.47		.01
ANESTHESIOLOGIST	132	750		19,093.36		25.46	.010		144.65		.25
DIALYSIS	9	13		2,925.52		225.04	.000		325.06		.04
PATHOLOGY	479	1,085		9,039.76		8.33	.014		18.87		.12
RADIOLOGY	2,062	2,999		93,438.71		31.16	.040		45.31		1.24
PSYCHIATRY	, 1	. 1		44.30		44.30	.000		44.30		.00
IMMUNIZATION AND INJECTION	72	148		1,854.01		12.53	.002		25.75		.02
OTHER SERVICES/ALL X-OVERS	1,099	2,155		60,809.81		28.22	.029		55.33		.81
@PHARMACY	10,158	30,468	\$	1,395,490.93	\$	45.80	.403	\$	137.38	\$	18.48
PRESCRIPTION DRUGS	10,021	21,643		1,332,283.84		61.56	.287		132.95		17.64
SNF/ICF	23	136		15,041.02		110.60	.002		653.96		.20
OUTPATIENTS	10,001	21,507		1,317,242.82		61.25	.285		131.71		17.44
MEDICAL SUPPLIES	421	8,825		63,207.09		7.16	.117		150.14		.84
@DENTIST	2,677	9,700	\$	276,957.55	\$	28.55	.128	\$	103.46	\$	3.67
VISITS - DIAGNOSTIC	2,034	6,917		111,235.13		16.08	.092		54.69		1.47
ORAL SURGERY	272	471		26,700.00		56.69	.006		98.16		.35
DRUGS	67	78		1,781.25		22.84	.001		26.59		.02
ANESTHESIA	5	5		500.00		100.00	.000		100.00		.01
PERIODONTICS	38	40		3,748.37		93.71	.001		98.64		.05
ENDODONTICS	148	210		30,937.00		147.32	.003		209.03		.41
RESTORATIVE DENTISTRY	832	1,833		93,461.30		50.99	.024		112.33		1.24
PROSTHETICS	9	9		270.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	16	55		4,172.00		75.85	.001		260.75		.06
SPACE MAINTAINERS	20	25		2,200.00		88.00	.000		110.00		.03
MAXILLOFACIAL SERVICES	6	8		257.50		32.19	.000		42.92		.00
FRACTURES, DISLOCATIONS	1	1		700.00		700.00	.000		700.00		.01
ORTHODONTIC SERVICES	22	23		770.00		33.48	.000		35.00		.01
ALL OTHER SERVICES	43	25		225.00		9.00	.000		5.23		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES MC	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 6,506
MOP024	FEE-FOR-SERVICE/DEN	TAL									03/14/05
MARIN COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FAM	1 34 39 3N 3T 3V 5	54 59	5J 5W-5	Y 6J 7J 7K				

----- MONTHLY AVERAGE -----75,522 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 275 @OPTOMETRIST 671 16,560.82 \$ 24.68 .009 \$ 60.22 \$.22 215 234 .003 45.31 DIAGNOSTIC AND ANC. PROCED 9,742.02 41.63 EYE APPLIANCES 146 431 6,665.09 15.46 .006 45.65 .09 6 OTHER OPTOMETRIC SERVICES 6 153.71 25.62 .000 25.62 .00 33.44 \$ 16.72 .000 \$ 33.44 \$ @CHIROPRACTOR 2 33.44 16.72 VISITS .000 33.44 .00 OTHER SERVICES Ω .00 .00 .000 .00 .00 37 47 \$ @PODIATRIST 1,551.62 \$ 33.01 .001 \$ 41.94 \$ 34 40 1,326.39 33.16 39.01 MEDICINE/INJECTIONS .001 .02 5 4 190.63 38.13 .000 47.66 .00 SURGERY/ANES. 17.30 RADIO./PATHOLOGY 34.60 .000 34.60 0 0 .00 OTHER .00 .000 .00 .00 383 648 34,907.12 \$ @HOME HEALTH AGENCY 53.87 .009 \$ 91.14 \$.46 NURSE ANESTHESIST 80.00 \$ 26.67 .000 \$ 80.00 \$

NURSE MIDWIFE	6	40	\$	1,465.67	\$	36.64	.001	\$	244.28	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	4	\$	28.83	\$	7.21	.000	\$	28.83	\$.00
@TOTAL HOSPITAL	5,386	4 19,366	\$	3,930,950.28	\$	202.98	.256	\$	729.85	\$	52.05
HOSP INPATIENT TOTAL	644	2.018		3,382,125.91		1675.98	.027		5251.75		44.78
HSC HOSPITALS	644 594	1,854		3,115,632.51		1680.49	.025		5245.17		41.25
NON-HSC HOSPITAL TOTAL	50	164		263,471.44		1606.53			5269.43		3.49
ACCOMMODATIONS	49	164		91,646.81		558.82	.002		1870.34		1.21
ADMINISTRATIVE DAYS	4	12		2,717.78		226.48	.000		679.45		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	45	152		88,929.03		585.06	.002		1976.20		1.18
ANCILLARIES	45 49	0		171,824.63		.00	.000		3506.63		2.28
ANCILLARIES INPATIENT CROSSOVERS	1	0		3,021.96		.00	.000		755.49		.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	5,061	0 17,348 1,533		548,824.37		31.64	.230		108.44		7.27
MEDICAL	984	1,533		88,466.00		57.71			89.90		1.17
SURGERY	455	722		22,248.76		30.82	.010		48.90		.29
PATHOLOGY		5,593		61,510.06			.074		42.22		.81
RADIOLOGY	1,627	2.119		152,562.30		72.00					2.02
ROOM USE	3,267	2,119 3,852		148,262.12		72.00 38.49	.028 .051		45.38		1.96
CROSSOVERS/ALL OTH OUTPTNT	1,888	3,529		75,775.13		21.47	.047		40.14		1.00
@COUNTY HOSPITAL TOTAL	56	287	\$	30,081.24	Ś	104.81	.004		537.17	Ś	.40
CO HOSPITAL INPATIENT TOTAL	6	16		21.996.84		1374.80	.000		3666.14		.29
HSC HOSPITALS	5	14		16,635.02		1188.22	.000		3327.00		.22
NON-HSC HOSPITALS TOTAL	1	2		5,361.82		2680.91	.000		5361.82		.07
ACCOMMODATIONS	_ 1	2		1,231.20		615.60	.000		1231.20		.02
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,231.20		615.60	.000		1231.20		.02
ANCILLARIES	1	0		4,130.62		.00	.000		4130.62		.05
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		0.0		0.0
CO HOSP OUTPATIENT TOTAL	52	271		8,084.40			.004		155.47		.11
MEDICAL	12	15		526.16		35.08			43.85		.01
SURGERY	17	23		797.73		34.68	.000		46.93		.01
PATHOLOGY	22	98		1,632.00			.001		74.18		.02
RADIOLOGY	10	21		866.25		41 25	.000		86.63		.01
ROOM USE	31	58		3,153.08		41.25 54.36	.001		101.71		.04
CROSSOVERS/ALL OTH OUTPINT		56		1,109.18		19.81			48.23		.01
#CALIF DEPT OF HEALTH SERV			DEC M		FPORT			DEC		PAC	E 6,507
	FEE-FOR-SERVICE/DENT		ILI O ILI		01/1	ION OAN	2001 1111(0		, 2001		03/14/05
	SUMMARY OF SERVICES		OC-FA	м 34 39 3м 3т 37	54 59	5.T 5W-5	Y 6.T 7.T 7K				00/11/00
THICTIN COOMIT	DOLUMNIC OF DELIVICED	101/ 111/ 1/05	OC IA	11 J1 J7 JN J1 JV	J = J J	30 JW J	M	ONT	HIY AVERA	GE	
75 500 77 77 77			_		3.7.7	D3.0E 00.0			COCE DED		

USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	1	COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
5 , 339	19,079	\$	3,900,869.04	\$ 204.46	.253	\$ 730.64	\$	51.65
638	2,002		3,360,129.07	1678.39	.027	5266.66		44.49
589	1,840		3,098,997.49	1684.24	.024	5261.46		41.03
49	162		258,109.62	1593.27	.002	5267.54		3.42
48	162		90,415.61	558.12	.002	1883.66		1.20
4	12		2,717.78	226.48	.000	679.45		.04
0	0		.00	.00	.000	.00		.00
44	150		87,697.83	584.65	.002	1993.13		1.16
48	0		167,694.01	.00	.000	3493.63		2.22
4	0		3,021.96	.00	.000	755.49		.04
0	0		.00	.00	.000	.00		.00
	5,339 638 589 49 48 4 0	OR DAYS OF CARE 5,339	OR DAYS OF CARE 5,339	OR DAYS OF CARE 5,339 19,079 3,900,869.04 638 2,002 3,360,129.07 589 1,840 3,098,997.49 49 162 258,109.62 48 162 90,415.61 4 12 2,717.78 0 0 0 44 150 87,697.83 48 0 167,694.01 4 0 3,021.96	OR DAYS OF CARE 5,339 19,079 3,900,869.04 5,204.46 638 2,002 3,360,129.07 1678.39 589 1,840 3,098,997.49 1684.24 49 162 258,109.62 1593.27 48 162 90,415.61 558.12 4 12 2,717.78 226.48 0 0 0 0 0 0 0 0 0 44 150 87,697.83 584.65 48 0 167,694.01 0 3,021.96	OR DAYS OF CARE 5,339 19,079 3,900,869.04 \$ 204.46 .253 638 2,002 3,360,129.07 1678.39 .027 589 1,840 3,098,997.49 1684.24 .024 49 162 258,109.62 1593.27 .002 48 162 90,415.61 558.12 .002 4 12 2,717.78 226.48 .000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 5,339 19,079 3,900,869.04 638 2,002 3,360,129.07 1678.39 1027 5266.66 589 1,840 3,098,997.49 1684.24 49 162 258,109.62 48 162 90,415.61 90,415.61 558.12 002 1883.66 4 12 2,717.78 226.48 000 679.45 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 5,339 19,079 3,900,869.04 638 2,002 3,360,129.07 1678.39 027 5266.66 589 1,840 3,098,997.49 1684.24 024 5261.46 49 162 258,109.62 1593.27 002 5267.54 48 162 90,415.61 558.12 002 1883.66 4 12 2,717.78 226.48 000 679.45 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

5.010 45.055 510.055 51	
COMM HOSP OUTPATIENT TOTAL 5,018 17,077 540,739.97 31.66 .226 107.76	7.16
MEDICAL 973 1,518 87,939.84 57.93 .020 90.38	1.16
SURGERY 438 699 21,451.03 30.69 .009 48.97	.28
PATHOLOGY 1,435 5,495 59,878.06 10.90 .073 41.73	.79
RADIOLOGY 1,618 2,098 151,696.05 72.31 .028 93.76	2.01
ROOM USE 3,238 3,794 145,109.04 38.25 .050 44.81	1.92
CROSSOVERS/ALL OTH OUTPINT 1,867 3,473 74,665.95 21.50 .046 39.99	.99
@STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00
MENTALLY ILL 0 0 0 .00 .00 .00	.00
DEVELOP. DISABLED 0 0 .00 .00 .00 .00	.00
@NURSING FACILITY 3 22 \$ 3,058.73 \$ 139.03 .000 \$ 1019.58 \$.04
LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00	.00
LEV B-REHAB MD 1 5 725.30 145.06 .000 725.30	.01
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00	.00
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00	.00
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00	.00
LEV B-REGULAR 2 17 2,333.43 137.26 .000 1166.72	.03
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00
ICF DDH 0 0 .00 .00 .00 .00	.00
ICF DD 0 0 .00 .00 .00 .00	.00
ICF DDN/DDCN 0 0 .00 .00 .00 .00	.00
@HEMODIALYSIS TOTAL 19 1,502 \$ 54,334.57 \$ 36.17 .020 \$ 2859.71 \$.72
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
HEMODIALYSIS CENTER 19 1,502 54,334.57 36.17 .020 2859.71	.72
@REHABILITATION FACILITY 31 277 \$ 5,270.43 \$ 19.03 .004 \$ 170.01 \$.07
HOSPITAL BASED 16 60 2,081.06 34.68 .001 130.07	.03
INDEPENDENT FACILITY 15 217 3,189.37 14.70 .003 212.62	.04
@LABORATORY FACILITY 2,857 12,663 \$ 130,318.60 \$ 10.29 .168 \$ 45.61 \$	1.73
PATHOLOGY 2,845 12,639 128,581.64 10.17 .167 45.20	1.70
XO AND OTHERS 20 24 1,736.96 72.37 .000 86.85	.02
@ORGANIZED OUTPATIENT CLINIC 9,525 28,237 \$ 1,608,069.33 \$ 56.95 .374 \$ 168.83 \$	21.29
CLINIC 2,791 18,122 340,305.19 18.78 .240 121.93	4.51
SURGICENTER 1 8 391.10 48.89 .000 391.10	.01
HEROIN DETOX CLINIC 6 117 1,305.37 11.16 .002 217.56	.02
RURAL HEALTH CLINIC 6,994 9,990 1,266,067.67 126.73 .132 181.02	16.76
	6,508
	3/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	-,,

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 75,522 ELIGIBLES USERS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

 155,046.62
 \$ 18.31
 .112
 \$ 95.77
 \$

 18,687.85
 114.65
 .002
 214.80

 .00
 .00
 .000
 .00

 4,626.38
 68.04
 .001
 385.53

 36,740.68
 18.75
 .026
 136.08

 33,130.80
 16.93
 .026
 122.71

 .00
 .00
 .000
 .00

 3,609.88
 1203.29
 .000
 1203.29

 1,790.73
 17.39
 .001
 51.16

 .00
 .00
 .000
 .00

 14,676.00
 104.83
 .002
 104.83

 .00
 .00
 .00
 .00

 .00
 .00
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 .00

 .00
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 .00
 .00

 10,990.58
 11.52
 .013
 36.27

 56.10
 14.03
 .000
 56.10

 1,619 155,046.62 \$ 18.31 .112 \$ 95.77 \$ @ALL OTHER PROVIDERS 8,467 \$ 2.05 163 DURABLE MED. EQUIP. 87 .25 0 0 BLOOD BANK 12 68 HEARING AID DISPENSERS .06 270 1,960 MEDICAL TRANSPORTATION .49 1,957 270 AMBULANCES/AIR TRANS 0 0 .00 OTHER TRANS OTHER SERVICES 3 3 .05 ACUPUNCTURE 103 0 ADULT DAY HEALTH CARE CTR 0 .00 GENETIC DISEASE TESTING 140 140 .19 0 0 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 OCCUPATIONAL THERAPIST .00 303 954 OPTICIAN .15 PHYSICAL THERAPIST 56.10 14.03 .000 56.10 .00

PROSTHETIST/ORTHOTISTS 48 160 26,882.55 168.02 .002 560.05	.36
PROSTHETICS 47 159 26,786.05 168.47 .002 569.92	.35
ORTHOTICS 1 1 96.50 96.50 .000 96.50	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00	.00
SPEECH AND AUDIOLOGY 4 8 391.64 48.96 .000 97.91	.01
HOSPICE SERVICES 2 8 1,271.28 158.91 .000 635.64	.02
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00	.00
LOCAL EDUCATION AGENCIES 697 3,763 38,095.61 10.12 .050 54.66	.50
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER PROVIDERS 38 1,134 776.96 .69 .015 20.45	.01
@CALIF. CHILDREN SERVICES* 256 2,059 \$ 362,432.17 \$ 176.02 .027 \$ 1415.75 \$	4.80
@XOVER EXCLUDING STATE HOSP** 74 211 \$ 12,757.30 \$ 60.46 .003 \$ 172.40 \$.17

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,509
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

MAKIN COUNTI	SUMMARI OF SER	VICES FOR MIN - INO	300	- IOIAL		140		CT.	
00 072 71 707777							NTHLY AVERA	_	
88,073 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				r per
	05 151	OR DAYS OF CARE		1.4 0.65 1.40 0.0	PER UNIT/DAY		USER		GIBLE
@TOTAL, ALL PROVIDERS	35,171	•	\$	14,965,143.32	\$ 48.60	3.497			
@PHYSICIANS SERVICES	9,867	•	\$, .,	\$ 45.29				13.05
OUTPATIENT VISITS	5 , 685	7,142		309,662.77	43.36				3.52
OFFICE VISITS	2,731	3,458		116,159.12	33.59				1.32
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	3,007	3 , 395		180,691.33	53.22	.039	60.09		2.05
PREVENTIVE CARE	10	10		412.85	41.29	.000	41.29		.00
OB VISITS/COMPRE PERI	68	162		8,597.14	53.07	.002	126.43		.10
OTHER OUTPATIENT	104	117		3,802.33	32.50	.001	36.56		.04
INPATIENT VISITS	488	2 , 193		120,851.44	55.11	.025	247.65		1.37
HOSPITAL VISITS	460	1,876		80,564.11	42.94	.021	175.14		.91
CRITICAL CARE	61	307		39,881.93	129.91	.003	653.80		.45
SNF/ICF/TRANS IP CARE	6	10		405.40	40.54	.000	67.57		.00
OPHTHALMOLOGICAL SERVICES	250	313		12,841.73	41.03	.004	51.37		.15
EXAMINATIONS	250	313		12,841.73	41.03	.004	51.37		.15
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	410	2,980		164,608.31	55.24	.034	401.48		1.87
PRINCIPAL SURGEON	208	300		100,931.73	336.44	.003	485.25		1.15
ASSISTANT SURGEON	36	36		6,625.76	184.05	.000	184.05		.08
ANESTHESIOLOGIST	212	2,644		57,050.82	21.58	.030	269.11		.65
OUTPATIENT SURGERY	1,148	2,227		262,873.11	118.04	.025	228.98		2.98
PRINCIPAL SURGEON	1,030	1,345		239,929.79	178.39	.015	232.94		2.72
ASSISTANT SURGEON	5	. 5		787.35	157.47	.000	157.47		.01
ANESTHESIOLOGIST	153	877		22,155.97	25.26	.010	144.81		.25
DIALYSIS	46	109		17,568.36	161.18	.001	381.92		.20
PATHOLOGY	548	1,295		10,913.89	8.43	.015	19.92		.12
RADIOLOGY	2,396	3,754		127,574.66	33.98	.043	53.24		1.45
PSYCHIATRY	1	1		44.30	44.30	.000	44.30		.00
IMMUNIZATION AND INJECTION	96	203		6,901.20	34.00	.002	71.89		.08
OTHER SERVICES/ALL X-OVERS	2,228	5,168		115,778.56					1.31
@PHARMACY	17,447	•	\$	•					51.93
PRESCRIPTION DRUGS	17,170	51,293		4,451,114.93	86.78	.582	259.24		50.54
	,	. ,		, . ,					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	397	2,948	343,165.44	116.41	.033	864.40	3.90
OUTPATIENTS	16,869	48,345	4,107,949.49	84.97	.549	243.52	46.64
MEDICAL SUPPLIES	983	58,242	122,129.04	2.10	.661	124.24	1.39
@DENTIST	3,284	11,655 \$	•		.132		
VISITS - DIAGNOSTIC	2,431	8,061	128,940.14	16.00	.092	53.04	1.46
ORAL SURGERY	352	762	40,831.95	53.59	.009	116.00	.46
DRUGS	68	79	1,781.25	22.55	.001	26.19	.02
ANESTHESIA	6	6	600.00	100.00	.000	100.00	.01
PERIODONTICS	62	66	5,582.37	84.58	.001	90.04	.06
ENDODONTICS	174	241	36,440.00	151.20	.003	209.43	.41
RESTORATIVE DENTISTRY	976	2,116	107,730.05	50.91	.024	110.38	1.22
PROSTHETICS	18	19	500.00	26.32	.000	27.78	.01
DENTURES, STAYPLATES	80	208	29,000.75	139.43	.002	362.51	.33
SPACE MAINTAINERS	20	25	2,200.00	88.00	.000	110.00	.02
MAXILLOFACIAL SERVICES	6	8	257.50	32.19	.000	42.92	.00
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.000	700.00	.01
ORTHODONTIC SERVICES	22	23	770.00	33.48	.000	35.00	.01
ALL OTHER SERVICES	58	40	225.00	5.63	.000	3.88	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN 200	4 THRU DE	EC 2004	PAGE 6,510
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
MARIN COUNTY	SUMMARY OF SERVICE	S FOR MN - NO S	OC - TOTAL				
					MO1	NTHLY AVERAC	GE
88,073 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST UN	NITS/DAYS	COST PER	COST PER

							===== M	OM.	THLI AVERA	.GĽ	
88,073 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERA	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	1		PER U	JNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	339	828	\$	20,945.53	\$	25.30	.009	\$	61.79	\$.24
DIAGNOSTIC AND ANC. PROCED	244	263		11,117.32		42.27	.003		45.56		.13
EYE APPLIANCES	189	556		9,386.37		16.88	.006		49.66		.11
OTHER OPTOMETRIC SERVICES	12	9		441.84		49.09	.000		36.82		.01
@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.000	\$	33.44	\$.00
VISITS	1	2		33.44		16.72	.000		33.44		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	101	141	\$	2,710.07	\$	19.22	.002	\$	26.83	\$.03

MEDICINE/INJECTIONS	41	47	1,604.29	34.13	.001	39.13	.02
SURGERY/ANES.	5	6	393.16	65.53	.000	78.63	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	56	- 86	678.02	7.88	.001	12.11	.01
@HOME HEALTH AGENCY	430	4,848 \$	115,355.57	\$ 23.79	.055 \$	268.27	\$ 1.31
NURSE ANESTHESIST	1	3 \$	80.00	\$ 26.67	.000 \$	80.00	\$.00
NURSE MIDWIFE	6	40 \$	1,465.67	\$ 36.64	.000 \$	244.28	\$.02
	0	·	•	•			
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	1	4 \$	28.83	\$ 7.21	.000 \$		\$.00
@TOTAL HOSPITAL	6,586	26,316 \$	5,279,451.78	\$ 200.62	.299 \$	801.62	•
HOSP INPATIENT TOTAL	815	2,697	4,446,890.94	1648.83	.031	5456.31	50.49
HSC HOSPITALS	686	2,469	4,073,193.94	1649.73	.028	5937.60	46.25
NON-HSC HOSPITAL TOTAL	70	228	313,238.66	1373.85	.003	4474.84	3.56
ACCOMMODATIONS	69	228	112,976.00	495.51	.003	1637.33	1.28
ADMINISTRATIVE DAYS	5	15	3,064.73	204.32	.000	612.95	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	64	213	109,911.27	516.02	.002	1717.36	1.25
ANCILLARIES	69	0	200,262.66	.00	.000	2902.36	2.27
INPATIENT CROSSOVERS	74	0	60,458.34	.00	.000	817.00	.69
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,150	23,619	832,560.84	35.25	.268	135.38	9.45
MEDICAL	1,222	1,928	104,606.34	54.26	.022	85.60	1.19
SURGERY	512	792	25,886.95	32.69	.009	50.56	.29
PATHOLOGY	1,719	6,914	78,079.24	11.29	.079	45.42	.89
RADIOLOGY	1,903	2,797	254,580.44	91.02	.032	133.78	2.89
ROOM USE	3,535	4,219	162,484.71	38.51	.048	45.96	1.84
CROSSOVERS/ALL OTH OUTPTNT	2,581	6,969	206,923.16	29.69	.079	80.17	2.35
@COUNTY HOSPITAL TOTAL	2 , 361	346 \$	70,241.78	\$ 203.01		1151.50	
CO HOSPITAL INPATIENT TOTAL	9	51	61,546.84	1206.80	.004 \$	6838.54	.70
	8	49				7023.13	
HSC HOSPITALS	Ŏ 1		56,185.02	1146.63	.001		.64
NON-HSC HOSPITALS TOTAL	1	2	5,361.82	2680.91	.000	5361.82	.06
ACCOMMODATIONS	-	2	1,231.20	615.60	.000	1231.20	.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,231.20	615.60	.000	1231.20	.01
ANCILLARIES	Ţ	0	4,130.62	.00	.000	4130.62	.05
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	57	295	8,694.94	29.47	.003	152.54	.10
MEDICAL	15	22	764.32	34.74	.000	50.95	.01
SURGERY	17	23	797.73	34.68	.000	46.93	.01
PATHOLOGY	23	106	1,714.41	16.17	.001	74.54	.02
RADIOLOGY	10	21	866.25	41.25	.000	86.63	.01
ROOM USE	34	65	3,409.45	52.45	.001	100.28	.04
CROSSOVERS/ALL OTH OUTPINT	25	58	1,142.78	19.70	.001	45.71	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE 6,511
MOP024	FEE-FOR-SERVICE	C/DENTAL					03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SOC	- TOTAL				
					MONT	THLY AVERA	GE
88,073 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,538	25,970 \$	5,209,210.00	\$ 200.59		796.76	
COMM HOSP INPATIENT TOTAL	808	2,646	4,385,344.10	1657.35	.030	5427.41	49.79
HSC HOSPITALS	680	2,420	4,017,008.92	1659.92	.027	5907.37	45.61
NON-HSC HOSPITALS TOTAL	69	226	307,876.84	1362.29	.003	4461.98	3.50
ACCOMMODATIONS	68	226	111,744.80	494.45	.003	1643.31	1.27
110001110D1111ONO	00	220	TTT, / 44.00	177.70	.000	TO 10.01	⊥•∠/

ADMINISTRATIVE DAYS	5	15		3,064.73		204.32	.000		612.95		.03
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	63	211		108,680.07		515.07	.002		1725.08		1.23
ANCILLARIES	68	0		196,132.04		.00	.000		2884.29		2.23
INPATIENT CROSSOVERS	74	0		60,458.34		.00	.000		817.00		.69
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6,105	23,324		823,865.90		35.32	.265		134.95		9.35
MEDICAL	1,210	1,906		103,842.02		54.48	.022		85.82		1.18
SURGERY	495	769		25,089.22		32.63	.009		50.69		.28
PATHOLOGY	1,696	6,808		76,364.83		11.22	.077		45.03		.87
RADIOLOGY	1,894	2,776		253,714.19		91.40	.032		133.96		2.88
ROOM USE	3,503	4,154		159,075.26		38.29	.047		45.41		1.81
CROSSOVERS/ALL OTH OUTPTNT	•	6,911	<u> </u>	205,780.38	<u> </u>	29.78	.078	<u> </u>	80.41	<u> </u>	2.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	Ċ	.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
@NURSING FACILITY	177 0	4,728	\$	715,007.24	\$	151.23	.054	Ş	4039.59	Ş	8.12
LEV A-INTERMEDIATE	13	0		.00		.00	.000		.00		.00
LEV B-REHAB MD		426 0		61,795.56		145.06	.005		4753.50		.70
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	165	4,302		653,211.68		151.84	.049		3958.86		7.42
@INTERMEDIATE CARE FACILDD	165	212	\$		Ċ	168.12		Ċ	5940.11	Ċ	.40
ICF DDH	5	183	Ą	30,339.75	ş	165.79	.002	Ą	6067.95	ې	.34
ICF DDN	0	0		.00		.00	.000		.00		.00
ICF DD ICF DDN/DDCN	1	29		5,300.91		182.79	.000		5300.91		.06
@HEMODIALYSIS TOTAL	114	5,065	\$		\$			Ś	1972.51	Ś	2.55
HOSPITAL BASED	0	0	Ψ.	.00	٧	.00	.000	۲	.00	۲	.00
HEMODIALYSIS CENTER	114	5,065		224,866.68		44.40	.058		1972.51		2.55
@REHABILITATION FACILITY	89	1,587	\$		\$	14.74		Ś	262.83	Ś	.27
HOSPITAL BASED	17	61	7	2,176.03	4	35.67	.001	т.	128.00	т	.02
INDEPENDENT FACILITY	72	1,526		21,215.66		13.90	.017		294.66		.24
@LABORATORY FACILITY	3,394	16,867	\$	167,900.47	\$	9.95	.192	\$		\$	1.91
PATHOLOGY	3,332	16,714		162,013.04		9.69	.190		48.62		1.84
XO AND OTHERS	77	153		5,887.43		38.48	.002		76.46		.07
@ORGANIZED OUTPATIENT CLINIC	10,681	30,058	\$		\$	57.75	.341	\$		\$	19.71
CLINIC	2,874	18,391		344,896.36		18.75	.209		120.01		3.92
SURGICENTER	10	18		1,959.05		108.84	.000		195.91		.02
HEROIN DETOX CLINIC	8	137		1,567.02		11.44	.002		195.88		.02
RURAL HEALTH CLINIC	8,079	11,512		1,387,363.79		120.51	.131		171.72		15.75
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT RE	EPOR1	FOR JAN	2004 THRU	DEC	2004	P.	AGE 6,512
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERV	VICES FOR MN - NC	SOC	- TOTAL							
									HLY AVERA		
88,073 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	2,635	70,677	\$	564,058.16	\$	7.98	.802	\$	214.06	\$	6.40
DURABLE MED. EQUIP.	140	357		53,100.27		148.74	.004		379.29		.60
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	26	89		8,364.99		93.99	.001		321.73		.09
MEDICAL TRANSPORTATION	378	2,955		49,202.86		16.65	.034		130.17		.56
AMBULANCES/AIR TRANS	360	2 , 678		44,544.71		16.63	.030		123.74		.51
OTHER TRANS	8	193		553.84		2.87	.002		69.23		.01
OTHER SERVICES	14 45	84 139		4,104.31		48.86	.001		293.17		.05
ACUPUNCTURE	45	139		2,428.70		17.47	.002		53.97		.03

149	2 , 258		154 , 641.94	68.4	.026	1037.87	1.76
141	141		14,733.00	104.4	.002	104.49	.17
157	636		48,080.47	75.6	.007	306.25	.55
0	0		.00	. (.000	.00	.00
440	1,473		17,759.67	12.0	.017	40.36	.20
2	14		161.30	11.5	.000	80.65	.00
6	9		103.94	11.5	.000	17.32	.00
57	191		30,274.48	158.5	.002	531.13	.34
56	190		30 , 177.98	158.8	.002	538.89	.34
1	1		96.50	96.5	.000	96.50	.00
2	2		123.46	61.	.000	61.73	.00
9	16		1,209.05	75.5	.000	134.34	.01
24	380		52,083.53	137.0	.004	2170.15	.59
0	0		.00	. (.000	.00	.00
789	10,259		112,904.61	11.0	.116	143.10	1.28
0	0		.00	. (.000	.00	.00
0	0		.00	. (.000	.00	.00
0	0		.00	. (.000	.00	.00
355	51 , 758		18,885.89	. 3	.588	53.20	.21
352	4,987	\$	410,472.95	\$ 82.3	.057	\$ 1166.12	\$ 4.66
1,634	11,757	\$	271,194.98	\$ 23.0	.133	\$ 165.97	\$ 3.08
	141 157 0 440 2 6 57 56 1 2 9 24 0 789 0 0 0 355 352	141 141 157 636 0 0 440 1,473 2 14 6 9 57 191 56 190 1 1 2 2 9 16 24 380 0 0 789 10,259 0 0 0 0 0 0 355 51,758 352 4,987	141 141 157 636 0 0 440 1,473 2 14 6 9 57 191 56 190 1 1 2 2 9 16 24 380 0 0 789 10,259 0 0 0 0 0 0 0 0 355 51,758 352 4,987 \$	141 141 14,733.00 157 636 48,080.47 0 0 .00 440 1,473 17,759.67 2 14 161.30 6 9 103.94 57 191 30,274.48 56 190 30,177.98 1 1 96.50 2 2 123.46 9 16 1,209.05 24 380 52,083.53 0 .00 789 10,259 112,904.61 0 .00 0 .00 0 .00 0 .00 355 51,758 18,885.89 352 4,987 \$ 410,472.95	141 141 14,733.00 104.4 157 636 48,080.47 75.6 0 0 .00 .00 440 1,473 17,759.67 12.0 2 14 161.30 11.5 6 9 103.94 11.5 57 191 30,274.48 158.5 56 190 30,177.98 158.8 1 1 96.50 96.5 2 2 123.46 61.7 9 16 1,209.05 75.5 24 380 52,083.53 137.0 0 0 .00 .0 789 10,259 112,904.61 11.0 0 0 .00 .0 0 0 .00 .0 0 0 .00 .0 0 0 .00 .0 0 0 .00 .0 0 0 .00 .0 0 0 .0 .0 0	141 141 14,733.00 104.49 .002 157 636 48,080.47 75.60 .007 0 0 .00 .00 .000 440 1,473 17,759.67 12.06 .017 2 14 161.30 11.52 .000 6 9 103.94 11.55 .000 57 191 30,274.48 158.51 .002 56 190 30,177.98 158.83 .002 1 1 96.50 96.50 .000 2 2 123.46 61.73 .000 9 16 1,209.05 75.57 .000 24 380 52,083.53 137.06 .004 0 0 .00 .00 .00 789 10,259 112,904.61 11.01 .116 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0	141 141 14,733.00 104.49 .002 104.49 157 636 48,080.47 75.60 .007 306.25 0 0 .00 .00 .000 .000 440 1,473 17,759.67 12.06 .017 40.36 2 14 161.30 11.52 .000 80.65 6 9 103.94 11.55 .000 17.32 57 191 30,274.48 158.51 .002 531.13 56 190 30,177.98 158.83 .002 538.89 1 1 96.50 96.50 .000 96.50 2 2 123.46 61.73 .000 61.73 9 16 1,209.05 75.57 .000 134.34 24 380 52,083.53 137.06 .004 2170.15 0 0 .00 .00 .00 .00 789 10,259 112,904.61 11.01 .116 143.10 0 0 .00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,513
MOPD 24 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

						MO	NTHLY AVERA	GE
112 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	2		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	150	2,629	\$	223,750.40	\$ 85.11	23.473	\$ 1491.67	\$ 1997.77
@PHYSICIANS SERVICES	10	12	\$	436.52	\$ 36.38	.107	\$ 43.65	\$ 3.90
OUTPATIENT VISITS	2	2		132.08	66.04	.018	66.04	1.18
OFFICE VISITS	1	1		24.00	24.00	.009	24.00	.21
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		108.08	108.08	.009	108.08	.97
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	8	10		304.44		30.44	.089		38.06		2.72
@PHARMACY	86	512	\$	29,450.06	\$	57.52	4.571	\$ 3	42.44	\$	262.95
PRESCRIPTION DRUGS	85	509		29,335.70		57.63	4.545	3	45.13		261.93
SNF/ICF	44	331		15,817.59		47.79	2.955	3	59.49		141.23
OUTPATIENTS	42	178		13,518.11		75.94	1.589	3	21.86		120.70
MEDICAL SUPPLIES	2	3		114.36		38.12	.027		57.18		1.02
@DENTIST	17	53	\$	1,268.00	\$	23.92	.473	\$	74.59	\$	11.32
VISITS - DIAGNOSTIC	14	41		133.00		3.24	.366		9.50		1.19
ORAL SURGERY	1	6		235.00		39.17	.054	2	35.00		2.10
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	2		.00		.00	.018		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	4		900.00		225.00	.036	4	50.00		8.04
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURE	S MON	ITH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC 20	04	P	AGE 6,514
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05
							¬ 1				

1101 02 1	I DD I OIL DDILLIO	U / DUI\ III										00/11/00
MARIN COUNTY	SUMMARY OF SER	VICES FOR	MN - SC	OC -	AGED	ΑI	D CODE 17	1Y				
								M	INO	HLY AVERA	GE	
112 ELIGIBLES	USERS	UNITS OF	SERVICE	\subseteq	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE	Ξ		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	2		2	\$	5.48	\$	2.74	.018	\$	2.74	\$.05
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	2		2		5.48		2.74	.018		2.74		.05
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6		11	\$	231.81	\$	21.07	.098	\$	38.64	\$	2.07
HOSP INPATIENT TOTAL	1		5		.00		.00	.045		.00		.00
HSC HOSPITALS	1		5		.00		.00	.045		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	6	231.81	38.64	.054	46.36	2.07
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	5	6	231.81	38.64	.054	46.36	2.07
@COUNTY HOSPITAL TOTAL	0	0 :	.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	EC 2004	PAGE 6,515
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
MARIN COUNTY	SUMMARY OF SERVIO	CES FOR MN - SOC	- AGED	AID CODE 17	1Y		
					MON		-
112 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE			DET	R UNIT/DAY	DED ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	OR DAIS OF CARE	\$	231.81	\$	21.07	.098	\$	38.64		2.07
COMM HOSP INPATIENT TOTAL	1	5	٧	.00	Y	.00	.045	٧	.00	Y	.00
HSC HOSPITALS	1	5		.00		.00	.045		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5	6		231.81		38.64	.054		46.36		2.07
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	5	6		231.81		38.64	.054		46.36		2.07
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	60	1,640	\$	186,517.19	\$	113.73	14.643	\$	3108.62	\$	1665.33
LEV A-INTERMEDIATE	0	. 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	60	1,640		186,517.19		113.73	14.643		3108.62		1665.33
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0									.00
#CALIF DEPT OF HEALTH SERV			ES.	MONTH-OF-PAYMENT R	REPORT	r for jan 2	2004 THRU	DEC	2004		
	FEE-FOR-SERVICE										03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MN - SC	C -	AGED	A.						
							M				
112 ELIGIBLES				EXPENDITURES							
		OR DAYS OF CARE				R UNIT/DAY					
@ALL OTHER PROVIDERS	16	399	\$	5,841.34	\$	14.64 98.67	3.563	\$	365.08	\$	52.15
DURABLE MED. EQUIP.	1	1									
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	8	143.89	17.99	.071	71.95	1.28
AMBULANCES/AIR TRANS	1	2	134.27	67.14	.018	134.27	1.20
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	6	9.62	1.60	.054	9.62	.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	7	76	4,510.82	59.35	.679	644.40	40.28
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	5	79.19	15.84	.045	39.60	.71
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	7	926.59	132.37	.063	926.59	8.27
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	302	82.18	.27	2.696	27.39	.73
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00		\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	32	27	\$ 4,451.44	\$ 164.87	.241	\$ 139.11	\$ 39.75

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDO BININ INC INCEORDS I	IN THE THIRT PETITE PETITE PETITE THOUSE,	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,517
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27	

DOMINANT OF DEINV	TCDD FOR THE DOC	, חודוור	*	AID CODE	2 /		
					MOI	NTHLY AVERA	GE
USERS	UNITS OF SERVICE	E	XPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
		USERS UNITS OF SERVICE		USERS UNITS OF SERVICE OR DAYS OF CARE 0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 0	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES OF UNITS/DAYS PER UNIT/DAY PER ELIG O O \$.00 \$.00 \$.00 .000 .000 .000 .00	USERS

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0	•									
DIALYSIS	-	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	Ś	.00	.000	\$.00	\$.00
-	0		۲		۲			ې		ې	
PRESCRIPTION DRUGS	•	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	·	.00	.000		.00	·	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
	0	0									
DRUGS	•	•		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	Ô		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
·	0	0									
SPACE MAINTAINERS	U	U		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
		•									
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
	0	0					.000		.00		
ALL OTHER SERVICES	0	0	ES N	.00	PORT	.00	.000	DEC	.00	PΔ	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVICE	0 ES AND EXPENDITURE	ES N	.00	EPORT	.00	.000	DEC	.00	PA	.00 AGE 6,518
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITURI DENTAL		.00 .00 MONTH-OF-PAYMENT RE	EPORT	.00 .00 FOR JAN 2	.000 .000 2004 THRU	DEC	.00	PA	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITURE		.00 .00 MONTH-OF-PAYMENT RE	EPORT	.00	.000 .000 2004 THRU		.00		.00 AGE 6,518 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	0 ES AND EXPENDITURI DENTAL ICES FOR MN - SOC	C -	.00 .00 MONTH-OF-PAYMENT RE		.00 .00 FOR JAN 2	.000 .000 2004 THRU 27	ONT	.00 .00 2004	GE -	.00 AGE 6,518 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITURE DENTAL ICES FOR MN - SOO UNITS OF SERVICE	C -	.00 .00 MONTH-OF-PAYMENT RE	AVE	.00 .00 FOR JAN 2 AID CODE	.000 .000 2004 THRU 27 M UNITS/DAY	ONT S	.00 .00 2004 HLY AVERA COST PER	GE -	.00 AGE 6,518 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	0 ES AND EXPENDITURI DENTAL ICES FOR MN - SOC	C -	.00 .00 MONTH-OF-PAYMENT RE	AVE	.00 .00 FOR JAN 2	.000 .000 2004 THRU 27 M UNITS/DAY	ONT S	.00 .00 2004	GE -	.00 AGE 6,518 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	0 ES AND EXPENDITURE DENTAL ICES FOR MN - SOO UNITS OF SERVICE	C -	.00 .00 MONTH-OF-PAYMENT RE	AVE	.00 .00 FOR JAN 2 AID CODE	.000 .000 2004 THRU 27 M UNITS/DAY	ONT S	.00 .00 2004 HLY AVERA COST PER	GE - C E	.00 AGE 6,518 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES @OPTOMETRIST	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	0 ES AND EXPENDITURE DENTAL ICES FOR MN - SOO UNITS OF SERVICE OR DAYS OF CARE	C -	.00 .00 MONTH-OF-PAYMENT RE BLIND EXPENDITURES	AVE PEF	.00 .00 FOR JAN 2 AID CODE GRAGE COST UNIT/DAY	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG	ONT S	.00 .00 2004 HLY AVERA COST PER USER	GE - C E	.00 GE 6,518 03/14/05 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	O ES AND EXPENDITURE DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O 0	C -	.00 .00 MONTH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00	AVE PEF	.00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000	ONT S	.00 .00 2004 HLY AVERA COST PER USER .00 .00	GE - C E	.00 GE 6,518 03/14/05 COST PER GLIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	O ES AND EXPENDITURE DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O 0 0	C -	.00 .00 MONTH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00	AVE PEF	.00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000	ONT S	.00 .00 2004 HLY AVERA COST PER USER .00 .00	GE - C E	.00 GE 6,518 03/14/05 COST PER GLIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	O 0 ES AND EXPENDITURE DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0	C -	.00 .00 MONTH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00	AVE PEF \$.00 .00 FOR JAN 2 AID CODE GRAGE COST UNIT/DAY .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER .00 .00	GE - C E \$.00 GE 6,518 03/14/05 COST PER GLIGIBLE .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0	O 0 ES AND EXPENDITURE DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0	C -	.00 .00 MONTH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00	AVE PEF	.00 .00 FOR JAN 2 AID CODE GRAGE COST UNIT/DAY .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000	ONT S	.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00	GE - C E \$.00 GE 6,518 03/14/05 COST PER GLIGIBLE .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0	C -	.00 .00 MONTH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00	AVE PEF \$.00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00	GE - C E \$.00 GE 6,518 03/14/05 COST PER GLIGIBLE .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	USERS O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS O O O O O O O O O O O O O	O ES AND EXPENDITURE / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	C - \$.00 .00 MONTH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PEF \$.00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00	GE - E \$.00 GE 6,518 03/14/05 COST PER GLIGIBLE .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0	C -	.00 .00 MONTH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00	AVE PEF \$.00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00	GE - E \$.00 GE 6,518 03/14/05 COST PER GLIGIBLE .00 .00 .00 .00 .00
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURE /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	C - \$.00 .00 MONTH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - E \$.00 .GE 6,518 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURE /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	C - \$.00 .00 MONTH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 	ONT S \$.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - E \$.00 .GE 6,518 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE USERS O O O O O O O O O O O O O O O O O O O	O CES AND EXPENDITURE OF CES FOR MN - SOO CES FOR MN - SO	C - \$.00 .00 MONTH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$.00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	GE - F \$ \$.00 .GE 6,518 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	USERS USERS 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURE OF CARE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	C - \$.00 .00 MONTH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PEF \$ \$.00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	GE - CE	.00 .GE 6,518 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	USERS USERS 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURE OF CES FOR MN - SOO CES FOR MN - SO	- c s s s s	.00 .00 MONTH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PEF \$.00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$ \$.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE - C F \$ \$ \$ \$ \$.00 .GE 6,518 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURE OF CARE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	- o o o o o o	.00 .00 MONTH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PEF \$ \$ \$ \$.00 .00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$.00 .00 .2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - C E	.00 .GE 6,518 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURE OF CARE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	- c s s s s	.00 .00 MONTH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PEF \$ \$.00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$ \$.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE - C E	.00 .GE 6,518 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURE OF CARE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	- o o o o o o	.00 .00 MONTH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PEF \$ \$ \$ \$.00 .00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$ \$.00 .00 .2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - C E	.00 .GE 6,518 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURE OF CARE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	_	.00 .00 MONTH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PEF \$ \$ \$ \$.00 .00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$ \$.00 .00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	G S S S S SSSS	.00 .GE 6,518 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURE OF CES FOR MN - SOCIETY OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	_	.00 .00 MONTH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PEF \$ \$ \$ \$.00 .00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	G S S S S SSSS	.00 .GE 6,518 03/14/05 COST PER CLIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURE OF CARE	_	.00 .00 MONTH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PEF \$ \$ \$ \$.00 .00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$ \$ \$.00 .00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	G S S S S SSSS	.00 .GE 6,518 03/14/05

NON HEC HOODIMAL MOMAL	0	0		0.0	0.0	000	0.0		0.0
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	U	Ü		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	V DENID T TILDE	S MONTH-OF-					PAGE	6,519
MOP024	FEE-FOR-SERVICES AND E.	VITINDIIONE	D MONTH OF -	TATRENT IVEE	JILI FOIL OAN 2	ZOO4 IIIKO DI	LC 2004		/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	MNI - SOC	_ RITND		AID CODE	27		0.3	/ 14/03
MANTIN COUNTI	SOUTHWILL OF SERVICES FOR	MM - 20C	חוודודם		AID CODE		י בי בונות ע דווחוו	יחי	
						MOI	NTHLY AVERA	ar	

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-O	F-PAYMENT RE	PORT	FOR JAN 2004	THRU	DEC :	2004	PAGE	6 , 520
MOP024	FEE-FOR-SERVICE/DENTAL									0.3	3/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	MN - SC	C - BLIND			AID CODE 27					

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,521 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MARIN COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

						MO	NTHLY AVERA	GE
466 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	ŀ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	533	4,490	\$	796,031.13	\$ 177.29	9.635	\$ 1493.49	\$ 1708.22
@PHYSICIANS SERVICES	115	422	\$	16,743.60	\$ 39.68	.906	\$ 145.60	\$ 35.93
OUTPATIENT VISITS	19	21		968.48	46.12	.045	50.97	2.08
OFFICE VISITS	12	13		454.05	34.93	.028	37.84	.97
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	7	8		514.43	64.30	.017	73.49	1.10
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	16	135		6 , 451.79	47.79	.290	403.24	13.85
HOSPITAL VISITS	16	120		4,770.99	39.76	.258	298.19	10.24
CRITICAL CARE	4	15		1,680.80	112.05	.032	420.20	3.61
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	6	18		835.51		46.42	.039		139.25		1.79
PRINCIPAL SURGEON	5	6		553.48		92.25	.013		110.70		1.19
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	12		282.03		23.50	.026		282.03		.61
OUTPATIENT SURGERY	7	9		837.89		93.10	.019		119.70		1.80
PRINCIPAL SURGEON	7	9		837.89		93.10	.019		119.70		1.80
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	29		111.46		3.84	.062		22.29		.24
RADIOLOGY	8	50		3,791.83		75.84	.107		473.98		8.14
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	3	5		730.12		146.02	.011		243.37		1.57
OTHER SERVICES/ALL X-OVERS	83	155		3,016.52		19.46	.333		36.34		6.47
@PHARMACY	409	2,914	\$	567,139.96	Ś	194.63	6.253	Ś	1386.65	Ś	1217.04
PRESCRIPTION DRUGS	408	2,389	۲	565,794.33	Υ	236.83	5.127	Ψ	1386.75	7	1214.15
SNF/ICF	117	917		195,716.93		213.43	1.968		1672.79		419.99
OUTPATIENTS	312	1,472		370,077.40		251.41	3.159		1186.15		794.16
MEDICAL SUPPLIES	15	525		1,345.63		2.56	1.127		89.71		2.89
@DENTIST	36	79	\$	1,763.94	\$	22.33	.170	Ś		Ś	3.79
VISITS - DIAGNOSTIC	28	56	т	570.70	Τ	10.19	.120	Τ.	20.38	т	1.22
ORAL SURGERY	8	9		308.00		34.22	.019		38.50		.66
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	5	5		636.24		127.25	.011		127.25		1.37
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	4	6		249.00		41.50	.013		62.25		.53
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		.00		.00	.002		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	2		.00		.00	.004		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		IDEC		FPOR			DEC		P	PAGE 6,522
MOP024	FEE-FOR-SERVICE/DENTA		وبتايدر	MONTH OF FAIRENT K	LIE OR.	I POIX OAIN	2004 IIINU	טייע	. 2004	r.	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES F		SOC -	DISABLED ATD	CODE	3 65 67 6	W 6Y				03/11/03
THICH COUNTY	DOLUMINI OF DELIVICED F	O1(1:11/)		DIGADUED AID	CODE	5 55 67 6		пωп	HLY AVERA	GE.	
AGG FITCIPIES	HOEDO HINTEO	OF CEDUTO	· -	EADEMDIMIDEG	7\ \ 7.1	EDACE COC	יי דואודשפי/האע		COCH DED	_	COCH DED

						MC	ŊΜ.T.	HLY AVERA	نظی	
466 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	8	12	\$ 137.91	\$	11.49	.026	\$	17.24	\$.30
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	8	12	137.91		11.49	.026		17.24		.30
@HOME HEALTH AGENCY	1	13	\$ 1,012.40	\$	77.88	.028	\$	1012.40	\$	2.17
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

WIDGE WEDLIEF	0	0 0	0.0	^	000 0	00 6	0.0
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	0	0 \$ 0 \$		\$.00 \$.00	.000 \$		
		1 \$		\$.00 \$ 2.76			
FAMILY NURSE PRACTITIONER	1 56 13		100 615 56	\$ 2.76 6 540.01	.002 \$		
@TOTAL HOSPITAL	56	228 \$ 95 71 24 24 0 0 0 133	123,647.76	\$ 54Z.3I	.489 \$		
HOSP INPATIENT TOTAL	13	95	121,277.90	1276.61 1530.97	.204	9329.07	260.25
HSC HOSPITALS	7	/ 1	108,699.00	1530.97	.152		233.26
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	2	24	8,234.90	343.12	.052	4117.45	17.67
ACCOMMODATIONS	2	24	5,551.20	231.30	.052	2775.60	11.91
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	24	5,551.20	231.30	.052	2775.60	11.91
ANCILLARIES	2	0	2,683.70	.00	.000	1341.85	5.76
INPATIENT CROSSOVERS	5	0	4,344.00	.00	.000	868.80	9.32
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	45	133	2,369.86	.00 17.82	.285	52.66	5.09
MEDICAL	3	6	167.66	27.94	.013	55.89	.36
SURGERY	1 1	0	65.00CR	.00	.000	65.00CR	.14CR
PATHOLOGY	1	6	81.70	13.62	.013	81.70	.18
RADIOLOGY	3	5	74.28	14.86	.011	24.76	.16
ROOM USE	3	3	35.49CR	11.83CR	.006	11.83CR	.08CR
CROSSOVERS/ALL OTH OUTPINT	39	0 6 5 3 113 0 \$	2,146.71	19.00	.242	55.04	4.61
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00
ADMINISTRATIVE DAYS	0	Ö	.00	.00			.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00
ANCILLARIES	0	0	.00	.00	000	0.0	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	Ô	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000		.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	•	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV							PAGE 6,523
MOP024	FEE-FOR-SERVICE/		MONIII OF FAIMENT REF	OKI FOR UAN 20	JO4 IIIKO DE	C 2004	03/14/05
MARIN COUNTY			- DISABLED AID CO	DEC 65 67 6W 6	.v		03/14/03
MAKIN COUNTI	SUMMAN OF SERVIC	ED FOR PIN - SOC -	DISABLED AID CO.			THLY AVERAGE	,
466 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST U			COST PER
400 511610152	USEKS (OR DAYS OF CARE	EVLENDIIAKE9	AVERAGE COST C PER UNIT/DAY		USER	ELIGIBLE
OCCUMUNITARY HOODITERS MOREST	F.C.	OR DAIS OF CARE				USEK	-

	I PER
-D	
SK ELIC	GIBLE
3.00 \$ 26	65.34
9.07 26	60.25
3.43 23	33.26
7.45	17.67
5.60	11.91
.00	.00
.00	.00
5.60	11.91
1.85	5.76
3.80	9.32
.00	.00
08 28 28 17 78 42	08.00 \$ 2 29.07 2 28.43 2 17.45 75.60 .00 .00 75.60 41.85 68.80

COMM HOSP OUTPATIENT TOTAL	45	133		2,369.86		17.82	.285		52.66		5.09
MEDICAL	3	6		167.66		27.94	.013		55.89		.36
SURGERY	1	0		65.00CR	₹	.00	.000		65.00C	R	.14CR
PATHOLOGY	1	6		81.70		13.62	.013		81.70		.18
RADIOLOGY	3	5		74.28		14.86	.011		24.76		.16
ROOM USE	3	3		35.49CR	3	11.83CR	.006		11.83C	R	.08CR
CROSSOVERS/ALL OTH OUTPTNT	39	113		2,146.71		19.00	.242		55.04		4.61
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	17	465	\$	62,155.98	\$	133.67	.998	\$	3656.23	\$	133.38
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	10	296		39,982.76		135.08	.635		3998.28		85.80
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	7	169		22,173.22		131.20	.363		3167.60		47.58
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	13	19	\$	10,316.30	\$	542.96	.041	\$	793.56	\$	22.14
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	13	19		10,316.30		542.96	.041		793.56		22.14
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	24	97	\$	2,224.69	\$	22.93	.208	\$	92.70	\$	4.77
PATHOLOGY	21	86		2,162.88		25.15	.185		102.99		4.64
XO AND OTHERS	3	11		61.81		5.62	.024		20.60		.13
@ORGANIZED OUTPATIENT CLINIC	37	73	\$	1,994.33	\$	27.32	.157	\$	53.90	\$	4.28
CLINIC	23	55		1,165.57		21.19	.118		50.68		2.50
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	14	18		828.76		46.04	.039		59.20		1.78
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	JRES MO	ONTH-OF-PAYMENT RE	PORT	FOR JAN 2004	THRU	DEC	2004	PI	AGE 6,524
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	R MN - S	SOC - I	DISABLED AID C	CODES	65 67 6W 6Y					
							1./		TIT 37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	CE	

----- MONTHLY AVERAGE -----466 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 34 167 8,891.50 53.24 .358 \$ 261.51 \$ 19.08 7 2,968.63 424.09 989.54 6.37 DURABLE MED. EQUIP. 3 .015 0 .00 .000 .00 .00 BLOOD BANK .00 0 0 .00 .00 HEARING AID DISPENSERS .00 .000 .00 61 709.27 11.63 101.32 MEDICAL TRANSPORTATION .131 1.52 AMBULANCES/AIR TRANS 53 665.74 12.56 .114 133.15 1.43 OTHER TRANS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 8 43.53 5.44 .017 21.77 .09 0 .00 .00 .00 .00 ACUPUNCTURE .000 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 OPTICIAN 3 15 202.73 13.52 .032 67.58 .44 .00 PHYSICAL THERAPIST .00 .00 .000 .00

PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	4	31		3,233.47	104.31	.067	808.37	6.94
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	53		1,777.40	33.54	.114	104.55	3.81
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	127	358	\$	21,373.51	\$ 59.70	.768	\$ 168.30	\$ 45.87
O.H. MOMATO TAX MURGE TIMES ARE STUDY		TATEODAGAETOAT	TERM ON	T 11				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,525 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MARIN COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	THLY AVERA	GE
138 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	178	1,078	\$	473,718.37	\$ 439.44	7.812 \$	2661.34	\$ 3432.74
@PHYSICIANS SERVICES	104	402	\$	290,801.13	\$ 723.39	2.913 \$	2796.16	\$ 2107.25
OUTPATIENT VISITS	53	81		4,641.93	57.31	.587	87.58	33.64
OFFICE VISITS	19	29		810.99	27.97	.210	42.68	5.88
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	34	51		3,816.46	74.83	.370	112.25	27.66
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MAININ COUNTI	POLIMANT OF PERVICES	FOY MM - 20	_	TAMILLES AID COL	טבי אל	UC 31		MONT	THLY AVERA	.GE -	
MARIN COUNTY	SUMMARY OF SERVICES		c -	FAMILIES AID COL	7F 5D	6B 37					03/14/03
MOP024	FEE-FOR-SERVICE/DEN		LO P	JONIN OF ENTINENT	TABLOR	AT FOR OAN	2004 INK	ט טייר	2004	r I	03/14/05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	•	ES N							P?	AGE 6,526
ALL OTHER SERVICES	0	0		.00		.00	.00		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.00		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.00		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.00		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.00		.00		.00
DENTURES, STAYPLATES	2	15		900.00		60.00	.10		450.00		6.52
PROSTHETICS	,	0		2/1.00		.00	.00		.00		.00
RESTORATIVE DENTISTRY	7	7		271.00		38.71	.05		38.71		1.96
ENDODONTICS ENDODONTICS	2	1 2		.00		.00	.00		.00		.00
PERIODONTICS	1	1		.00		.00	.00		.00		.00
ANESTHESIA	0	0		.00		.00	.00		.00		.00
DRUGS	0	0		.00		.00	.00		.00		.00
ORAL SURGERY	5	30		1,171.50		39.05	.21		234.30		8.49
VISITS - DIAGNOSTIC	15	34	Y	2,027.30		8.38	.24		19.00	۲	2.07
SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC	2.4	89	Ġ	2,627.50		29.52		5 5 \$		Ś	19.04
MEDICAI GUDDITEG	29	0		.00		.00	.00		.00		.00
OULDVALLENAG SNE \ TCE	29	81		7,229.43		89.25	.58		249.29		52.39
CME/ICE LVESCKILITON DKORS	29	0		.00		.00	.00		.00		.00
PRESCRIPTION DRUGS	29	81	٢	7,229.4		89.25	.58		249.29	ې	52.39
@PHARMACY	29	81	Ś			89.25			249.29		
OTHER SERVICES/ALL X-OVERS	27	62		273,939.09		4418.37	.44		10.93		1985.07
IMMUNIZATION AND INJECTION	1	1		10.93		10.93	.00		10.93		.08
PSYCHIATRY	0	0		2,230.3.		.00	.00		.00		.00
RADIOLOGY	27	5 67		2,230.33		33.29	.48		82.60		16.16
PATHOLOGY	4	5		73.09))	14.62	.00		18.27		.53
DIALYSIS	0	0		.00		.00	.00		.00		.00
ASSISIANI SURGEON ANESTHESIOLOGIST	<u>т</u> Д	39		699.6		17.94	.28		174.91		5.07
ASSISTANT SURGEON	15	10		68.88		68.88	.00		68.88		.50
PRINCIPAL SURGEON	18 15	16		2,992.78		139.02	.11		148.28		16.12
OUTPATIENT SURGERY	18	13 56		2,992.78		53.44	.40		166.27		2.33
ASSISIANI SURGEON ANESTHESIOLOGIST	2	13		321.3) T	24.72	.00		160.70		2.33
ASSISTANT SURGEON	1	8		2,460.43 46.93	ر 1	46.91	.00		410.08		.34
PRINCIPAL SURGEON	0	8		2,460.4		307.56	.05		410.08		17.83
INPATIENT HOSPITAL SURGERY	8	22		2,828.75		128.58	.15		353.59		20.50
EXAMINATIONS SERVICES AND MATERIALS	0	0		.00		.00	.00		.00		.25
OPHTHALMOLOGICAL SERVICES	1	1		34.4		34.44	.00		34.44		.25
	0	1		.00		.00 34.44	.00		.00 34.44		.00 .25
CRITICAL CARE SNF/ICF/TRANS IP CARE	0	0		.00		.00	.00		.00		.00
HOSPITAL VISITS	= -	107 0		4,049.79		37.85	.77		149.99		29.35
INPATIENT VISITS	27 27	107		4,049.79		37.85	.77		149.99		29.35
OTHER OUTPATIENT	1	1		14.48		14.48	.00		14.48		.10
OBJED OUBDABIENE	1	1		1.4.44	2	1 / / 0	0.0	7	1 4 40		1.0

138 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 .00 \$.00 .000 \$.00 \$.00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 .00 \$ @PODIATRIST .00 \$.00 .000 \$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	
@TOTAL HOSPITAL	63	349 \$	167,485.73	\$ 479.90			\$ 1213.66
HOSP INPATIENT TOTAL	18	104	160,268.68	1541.05	.754	8903.82	1161.37
HSC HOSPITALS	13	86	131,931.05	1534.08		10148.54	956.02
NON-HSC HOSPITAL TOTAL	5	18	28,337.63	1574.31	.130	5667.53	205.35
ACCOMMODATIONS	5	18	12,535.80	696.43	.130	2507.16	90.84
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.007	231.30	1.68
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	17	12,304.50	723.79	.123	3076.13	89.16
ANCILLARIES	5	0	15,801.83	.00	.000	3160.37	114.51
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	47	245	7,217.05	29.46	1.775	153.55	52.30
MEDICAL	18	243	691.85	28.83	.174	38.44	5.01
	9	9	353.75				2.56
SURGERY	22	85		39.31	.065	39.31	
PATHOLOGY	22	43	822.59	9.68	.616	37.39	5.96
RADIOLOGY			3,314.77	77.09	.312	150.67	24.02
ROOM USE	29 19	38	1,575.89	41.47	.275	54.34	11.42
CROSSOVERS/ALL OTH OUTPTNT		46	458.20	9.96	.333	24.12	3.32
@COUNTY HOSPITAL TOTAL	1	4 \$	96.16	\$ 24.04	.029 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0 0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	•	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	4	96.16	24.04	.029	96.16	.70
MEDICAL	1	1	17.93	17.93	.007	17.93	.13
SURGERY	1	1	6.07	6.07	.007	6.07	.04
PATHOLOGY	1	2	72.16	36.08	.014	72.16	.52
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEG	C 2004	PAGE 6,527
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC -	FAMILIES AID CODE	5R 6R 37			
100					MON'		
138 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	62	345 \$	167,389.57	\$ 485.19			\$ 1212.97
COMM HOSP INPATIENT TOTAL	18	104	160,268.68	1541.05	.754	8903.82	1161.37
HSC HOSPITALS	13	86	131,931.05	1534.08	.623	10148.54	956.02
NON-HSC HOSPITALS TOTAL	5	18	28,337.63	1574.31	.130	5667.53	205.35
ACCOMMODATIONS	5	18	12,535.80	696.43	.130	2507.16	90.84

201111000200000	1	-		0.21 2.0		001 00	0.07		001 00		1 60
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.007		231.30		1.68
TRANSITIONAL IP CARE	0	-		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	17		12,304.50		723.79	.123		3076.13		89.16
ANCILLARIES	5	0		15,801.83		.00	.000		3160.37		114.51
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	46	241		7,120.89		29.55	1.746		154.80		51.60
MEDICAL	17	23		673.92		29.30	.167		39.64		4.88
SURGERY	8	8		347.68		43.46	.058		43.46		2.52
PATHOLOGY	21	83		750.43		9.04	.601		35.73		5.44
RADIOLOGY	22	43		3,314.77		77.09	.312		150.67		24.02
ROOM USE	29	38		1 , 575.89		41.47	.275		54.34		11.42
CROSSOVERS/ALL OTH OUTPINT	19	46		458.20		9.96	.333		24.12		3.32
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	4	.00	т.	.00	.000	т.	.00	-	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	Ś	.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Ÿ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ą	.00
	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	11	37	\$	780.82	Ś	21.10	.268	ć		ċ	5.66
@LABORATORY FACILITY	11		Ş		Ş			Ş	70.98	Ģ	
PATHOLOGY		37		780.82		21.10	.268		70.98		5.66
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	8	10	\$	1,293.57	\$	129.36		\$		\$	9.37
CLINIC	1	2		44.71		22.36	.014		44.71		.32
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	8		1,248.86		156.11	.058		178.41		9.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	JRES MOI	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 6,528
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	R MN - S	SOC - FA	AMILIES AID CODE	5R 61	R 37					

----- MONTHLY AVERAGE -----138 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER LLIG
.797
.00 .000
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.00 .000
.01,585.10 .00 .000
1,800.00 .00 .000
1,800.00 .00 .007
.00 .00 .00 OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 10 110 \$ 3,500.19 \$ 31.82 .797 \$ 350.02 \$ 25.36 DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00 BLOOD BANK 0 .00 HEARING AID DISPENSERS 0 .00 423.14 MEDICAL TRANSPORTATION 8 97 24.53 198.14 AMBULANCES/AIR TRANS 11.49 OTHER TRANS 0 0 .00 .00 1 OTHER SERVICES .007 1800.00 13.04 ACUPUNCTURE .00 .00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	21.54	10.77	.014	21.54	.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	11	93.55	8.50	.080	46.78	.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	6	11	\$ 271,900.87	\$ 24718.26	.080	\$ 45316.81	\$ 1970.30
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,529 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

----- MONTHLY AVERAGE -----

MARIN COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

716 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	861	8,197	\$ 1,493,499.90	\$ 182.20	11.448	\$ 1734.61	\$ 2085.89
@PHYSICIANS SERVICES	229	836	\$ 307,981.25	\$ 368.40	1.168	\$ 1344.90	\$ 430.14
OUTPATIENT VISITS	74	104	5,742.49	55.22	.145	77.60	8.02
OFFICE VISITS	32	43	1,289.04	29.98	.060	40.28	1.80
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	42	60	4,438.97	73.98	.084	105.69	6.20
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	14.48	14.48	.001	14.48	.02
INPATIENT VISITS	43	242	10,501.58	43.39	.338	244.22	14.67
HOSPITAL VISITS	43	227	8 , 820.78	38.86	.317	205.13	12.32
CRITICAL CARE	4	15	1,680.80	112.05	.021	420.20	2.35
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	34.44	34.44	.001	34.44	.05
EXAMINATIONS	1	1	34.44	34.44	.001	34.44	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	14	40	3,664.26	91.61	.056	261.73	5.12
PRINCIPAL SURGEON	11	14	3,013.93	215.28	.020	273.99	4.21
ASSISTANT SURGEON	1	1	46.91	46.91	.001	46.91	.07
ANESTHESIOLOGIST	3	25	603.42	24.14	.035	201.14	.84
OUTPATIENT SURGERY	25	65	3,830.67	58.93	.091	153.23	5.35
PRINCIPAL SURGEON	22	25	3,062.15	122.49	.035	139.19	4.28
ASSISTANT SURGEON	1	1	68.88	68.88	.001	68.88	.10
ANESTHESIOLOGIST	4	39	699.64	17.94	.054	174.91	.98
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	34	184.55	5.43	.047	20.51	.26

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	35	117		6,022.16		51.47	.163		172.06		8.41
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	6		741.05		123.51	.008		185.26		1.03
OTHER SERVICES/ALL X-OVERS	118	227		277,260.05		1221.41	.317		2349.66		387.23
@PHARMACY	524	3,507	Ś	603,819.45	Ś		4.898	ċ	1152.33	ċ	843.32
PRESCRIPTION DRUGS	522	2,979	Ą	602,359.46	Ą	202.20	4.090	Ą	1152.33	Ą	841.28
SNF/ICF	161	1,248		211,534.52		169.50	1.743		1313.88		295.44
OUTPATIENTS	383	1,731		390,824.94		225.78	2.418		1020.43		545.84
MEDICAL SUPPLIES	303 17	528		1,459.99		2.77	.737		85.88		2.04
@DENTIST	77	221	Ś	5,659.44	ċ	25.61	.309	ċ	73.50	ċ	7.90
VISITS - DIAGNOSTIC	57	131	Ą	988.70	Ą	7.55	.183	Ą	17.35	Ą	1.38
ORAL SURGERY	14	45		1,714.50		38.10	.163		122.46		2.39
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	6	6		636.24		106.04	.008		106.04		.89
ENDODONTICS ENDODONTICS	9	9		.00		.00	.003		.00		.00
RESTORATIVE DENTISTRY	12	15		520.00		34.67	.003		43.33		.73
PROSTHETICS	0	1.2		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	U	20		1,800.00		90.00	.028		360.00		2.51
SPACE MAINTAINERS	5	0		.00		.00	.020		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00			.000				.00
	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0				.00					
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	MEDI CAI CEDITC	Z		.00 MONTH-OF-PAYMENT R		.00	.003 2004 THRU	DEC	.00	ъ	.00
#CALIF DEPT OF HEALTH SERV			KES I	MONTH-OF-PAIMENT R	EPOR	T FOR JAN .	2004 THRU	DEC	2004	P	AGE 6,530
MOPO24	FEE-FOR-SERVICE	•	20								03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MN - SO	JC -	TOTAL			3.4	ONTE		C.E.	
71 C BLICIDLES	HOEDO	UNITS OF SERVICE		EXPENDITURES	7. 7.	ERAGE COST	==		HLY AVERA		COST PER
716 ELIGIBLES	USERS			EXPENDITURES			/	-			
A O DECOMEED TOE	0	OR DAYS OF CAR	Ei C	0.0		R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	Ą	.00	\$.00	.000	Ą	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	U	0		.00		.00	.000		.00		.00

EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	10	14	\$	143.39	\$	10.24	.020	\$	14.34	Ś	.20
MEDICINE/INJECTIONS	0	0	'	.00		.00	.000	'	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	10	14		143.39		10.24	.020		14.34		.20
@HOME HEALTH AGENCY	1	13	\$		\$	77.88	.020	ċ	1012.40	ċ	1.41
-	0			1,012.40	ې د						
NURSE ANESTHESIST	<u>-</u>	0	\$.00	Ş A	.00	.000		.00	\$.00
NURSE MIDWIFE	0	0	\$.00	۶	.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	Ş	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	1	1	\$	2.76	\$	2.76	.001			\$.00
@TOTAL HOSPITAL	125	588	\$	291,365.30		495.52	.821	\$	2330.92	\$	406.93
HOSP INPATIENT TOTAL	32	204		281,546.58		1380.13	.285		8798.33		393.22
HSC HOSPITALS	21	162		240,630.05		1485.37	.226		11458.57		336.08
NON-HSC HOSPITAL TOTAL	7	42		36,572.53		870.77	.059		5224.65		51.08
ACCOMMODATIONS	7	42		18,087.00		430.64	.059		2583.86		25.26
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.001		231.30		.32
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	41		17,855.70		435.50	.057		2975.95		24.94
ANCILLARIES	7	0		18,485.53		.00	.000		2640.79		25.82
INPATIENT CROSSOVERS	, 5	0		4,344.00		.00	.000		868.80		6.07
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	97	384		9,818.72		25.57			101.22		
HOSP OUTPATIENT TOTAL				•			.536				13.71
MEDICAL	21	30		859.51		28.65	.042		40.93		1.20
SURGERY	10	9		288.75		32.08	.013		28.88		.40
PATHOLOGY	23	91		904.29		9.94	.127		39.32		1.26
RADIOLOGY	25	48		3,389.05		70.61	.067		135.56		4.73
ROOM USE	32	41		1,540.40		37.57	.057		48.14		2.15
CROSSOVERS/ALL OTH OUTPTNT	63	165		2,836.72		17.19	.230		45.03		3.96
@COUNTY HOSPITAL TOTAL	1	4	\$	96.16	\$	24.04	.006	\$	96.16	\$.13
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	1	0									
CO HOSP OUTPATIENT TOTAL	1	4		96.16		24.04	.006		96.16		.13
MEDICAL	1	1		17.93		17.93	.001		17.93		.03
SURGERY	1	1		6.07		6.07	.001		6.07		.01
PATHOLOGY	1	2		72.16		36.08	.003		72.16		.10
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPOR:	T FOR JAN 20	04 THRU	DEC	2004	PF	GE 6,531
MOP024	FEE-FOR-SERVICE/DENTAL	ı									03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FO		OC - 1	TOTAL							
						_	1	TIAON	HIV AVERA	CF -	

		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIG	÷	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	124	584	\$	291,269.14	\$	498.75			2348.94		406.80
COMM HOSP INPATIENT TOTAL	32	204		281,546.58		1380.13	.285		8798.33		393.22
HSC HOSPITALS	21	162		240,630.05		1485.37	.226		11458.57		336.08
NON-HSC HOSPITALS TOTAL	7	42		36,572.53		870.77	.059		5224.65		51.08
ACCOMMODATIONS	7	42		18,087.00		430.64	.059		2583.86		25.26
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.001		231.30		.32
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	41		17,855.70		435.50	.057		2975.95		24.94
ANCILLARIES	7	0		18,485.53		.00	.000		2640.79		25.82
INPATIENT CROSSOVERS	5	0		4,344.00		.00	.000		868.80		6.07
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	96	380		9,722.56		25.59	.531		101.28		13.58
MEDICAL	20	29		841.58		29.02	.041		42.08		1.18
SURGERY	9	8		282.68		35.34	.011		31.41		.39
PATHOLOGY	22	89		832.13		9.35	.124		37.82		1.16
RADIOLOGY	25	48		3,389.05		70.61	.067		135.56		4.73
ROOM USE	32	41		1,540.40		37.57	.057		48.14		2.15
CROSSOVERS/ALL OTH OUTPTNT	63	165		2,836.72		17.19	.230		45.03		3.96
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ċ	.00	\$.00
	0	0	Ą	.00	۲	.00	.000	ې	.00	ې	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	77	•	Ċ	248,673.17	Ċ	118.13		ċ	3229.52	ċ	
@NURSING FACILITY	0	2,105	\$		\$		2.940	\$		\$	347.31
LEV A-INTERMEDIATE	10	0		.00 39 , 982.76		.00	.000		.00 3998.28		.00
LEV B-REHAB MD	0	296				135.08	.413				55.84
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	•	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	67	1,809		208,690.41		115.36	2.527		3114.78		291.47
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@HEMODIALYSIS TOTAL	13	19	\$	10,316.30	\$	542.96	.027	Ş	793.56	Ş	14.41
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	13	19		10,316.30		542.96	.027		793.56		14.41
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	35	134	\$	3,005.51	\$	22.43	.187	Ş	85.87	\$	4.20
PATHOLOGY	32	123		2,943.70		23.93	.172		91.99		4.11
XO AND OTHERS	3	11		61.81		5.62	.015		20.60		.09
@ORGANIZED OUTPATIENT CLINIC	45	83	\$	3,287.90	\$	39.61	.116	Ş	73.06	\$	4.59
CLINIC	24	57		1,210.28		21.23	.080		50.43		1.69
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	21	26		2,077.62							2.90
			RES I	MONTH-OF-PAYMENT R	EPOR'	r for Jan 2	2004 THRU	DEC	2004		AGE 6,532
MOP024	FEE-FOR-SERVICE										03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MN - SO	oc -	TOTAL							
716			_				M				
716 ELIGIBLES	USERS			EXPENDITURES							COST PER
		OR DAYS OF CAR		4.0.000	PEI	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	60	676	Ş		Ş	26.97	.944	Ş	303.88	Ş	
DURABLE MED. EQUIP.	4	8		3,067.30					766.83		4.28
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	17	166		4,238.26	25.53	.232	249.31	5.92	
AMBULANCES/AIR TRANS	14	151		2,385.11	15.80	.211	170.37	3.33	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	4	15		1,853.15	123.54	.021	463.29	2.59	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	7	76		4,510.82	59.35	.106	644.40	6.30	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	6	22		303.46	13.79	.031	50.58	.42	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00	
HOSPICE SERVICES	5	38		4,160.06	109.48	.053	832.01	5.81	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	2	11		93.55	8.50	.015	46.78	.13	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	20	355		1,859.58	5.24	.496	92.98	2.60	
@CALIF. CHILDREN SERVICES*	6	11	\$	271,900.87	\$ 24718.26	.015		379.75	
@XOVER EXCLUDING STATE HOSP**	159	385	\$	25,824.95	\$ 67.08	.538	\$ 162.42	\$ 36.07	
A* TOTALS IN THESE ITMES ADE CT	TENT AC A CEDADATE I	INTODMATION	TUEM ON	TV.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDUD DITTI THE INCECTED IN	I III III INOINIII BEINIE BINEO IBOVE.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,533
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13	

					MON	THLY AVERA	.GE -	
3,687 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	3,587	154,698 \$	11,559,044.52	\$ 74.72	41.958 \$	3222.48	\$	3135.08
@PHYSICIANS SERVICES	243	496 \$	7 , 157.72	\$ 14.43	.135 \$	29.46	\$	1.94
OUTPATIENT VISITS	2	2	216.16	108.08	.001	108.08		.06
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	2	2	216.16	108.08	.001	108.08		.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	2	3	73.90	24.63	.001	36.95		.02
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	2	3	73.90	24.63	.001	36.95		.02
OPHTHALMOLOGICAL SERVICES	3	4	154.83	38.71	.001	51.61		.04
EXAMINATIONS	3	4	154.83	38.71	.001	51.61		.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	3		56.40		18.80	.001		56.40		.02
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	236	484		6,656.43		13.75	.131		28.21		1.81
@PHARMACY	2,498	15,589	\$	732,926.16	Ş		4.228	Ş		Ş	198.79
PRESCRIPTION DRUGS	2,494	14,305		729,577.78		51.00	3.880		292.53		197.88
SNF/ICF	2,108	12,916		664,266.28		51.43 47.02	3.503		315.12		180.16
OUTPATIENTS	422 36	1,389		65,311.50		2.61	.377		154.77		17.71
MEDICAL SUPPLIES @DENTIST	277	1,284 510	\$	3,348.38 22,738.25	ċ		.348 .138	ċ	93.01 82.09	ċ	.91 6.17
VISITS - DIAGNOSTIC	252	429	ş	11,156.25	Ş	26.01	.130	Ą	44.27	Ą	3.03
ORAL SURGERY	232	35		861.00		24.60	.009		143.50		.23
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		55.00		55.00	.000		55.00		.01
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	5	5		186.00		37.20	.001		37.20		.05
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	25	37		10,480.00		283.24	.010		419.20		2.84
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	5	3		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT RE	EPOR	r for jan 2	2004 THRU	DEC	2004	PA	AGE 6,534
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERV	/ICES FOR MN - LON	IG T	ERM CARE - AGED		AID CODE					
									HLY AVERA		
3,687 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
CODEOMERDICE	2.2	OR DAYS OF CARE	Ċ	1 100 00		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	22	65	\$	1,129.22	\$	17.37 27.48	.018	\$	51.33	Ş	.31
DIAGNOSTIC AND ANC. PROCED	2 20	2 63		54.95		17.05	.017		27.48 53.71		.01
EYE APPLIANCES OTHER OPTOMETRIC SERVICES	20	0		1,074.27 .00		.00	.017		.00		.29 .00
@CHIROPRACTOR	0	0	\$		\$.00	.000	Ċ	.00	Ċ	.00
VISITS	0	0	Y	.00	Ÿ	.00	.000	Ÿ	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	254	331	\$		\$	5.59	.090	Ś	7.28	Ś	.50
MEDICINE/INJECTIONS	0	0	٧	.00	۲	.00	.000	٧	.00	Ψ	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	254	331		1,849.63		5.59	.090		7.28		.50
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	56	226	\$	55,536.45	\$	245.74	.061	\$	991.72	\$	15.06
HOSP INPATIENT TOTAL	23	41		52,606.44		1283.08	.011		2287.24		14.27
TIGG TIGGDIEST G											
HSC HOSPITALS	5	41		40,119.89		978.53	.011		8023.98		10.88

NON-HSC HOSPITAL TOTAL	0	0	.00		.00	0	.00	.00
ACCOMMODATIONS	0	0	.00		.00	0	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	0	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	0	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	0	.00	.00
ANCILLARIES	0	0	.00		.00	0	.00	.00
INPATIENT CROSSOVERS	18	0	12,486.55		.00	0	693.70	3.39
ALL OTHER INPATIENT	0	0	.00		.00	0	.00	.00
HOSP OUTPATIENT TOTAL	34	185	2,930.01	15.	84 .05	0	86.18	.79
MEDICAL	0	0	.00		.00	0	.00	.00
SURGERY	0	0	.00		.00	0	.00	.00
PATHOLOGY	0	0	.00		.00	0	.00	.00
RADIOLOGY	0	0	.00		.00	0	.00	.00
ROOM USE	1	1	26.13	26.	13 .00	0	26.13	.01
CROSSOVERS/ALL OTH OUTPTNT	33	184	2,903.88	15.	78 .05	0	88.00	.79
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.	.00	0 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	0	.00	.00
HSC HOSPITALS	0	0	.00		.00	0	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	0	.00	.00
ACCOMMODATIONS	0	0	.00		.00	0	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	0	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	0	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	0	.00	.00
ANCILLARIES	0	0	.00		.00	0	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	0	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	0	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	0	.00	.00
MEDICAL	0	0	.00		.00	0	.00	.00
SURGERY	0	0	.00		.00	0	.00	.00
PATHOLOGY	0	0	.00		.00	0	.00	.00
RADIOLOGY	0	0	.00		.00	0	.00	.00
ROOM USE	0	0	.00		.00	0	.00	.00

MOP024 03/14/05

FEE-FOR-SERVICE/DENTAL MARIN COUNTY SIMMARY OF SERVICES FOR MN - LONG TERM CARE - ACED AID CODE 13

MARIN COUNTY	SUMMARY OF SERVICES	FOR MN - LON	G TE	ERM CARE - AGED		AID CODE	13				
							M	ONT	HLY AVERA	GE	
3,687 ELIGIBLES	USERS UNIT	S OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER		COST PER
2,000 =======		DAYS OF CARE					PER ELIG	-	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	56		Ś	55,536.45		245.74	.061		991.72		15.06
COMM HOSP INPATIENT TOTAL	23	41	Ψ	52,606.44		1283.08	.011	٧	2287.24	7	14.27
HSC HOSPITALS	5	41		40,119.89		978.53	.011		8023.98		10.88
	0	0					.000		.00		.00
NON-HSC HOSPITALS TOTAL	_	0		.00		.00					
ACCOMMODATIONS	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	18	0		12,486.55	,	.00	.000		693.70		3.39
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	34	185		2,930.01	-	15.84	.050		86.18		.79
MEDICAL	0	0		.00)	.00	.000		.00		.00
SURGERY	0	0		.00)	.00	.000		.00		.00
PATHOLOGY	0	0		.00)	.00	.000		.00		.00
RADIOLOGY	0	0		.00)	.00	.000		.00		.00
ROOM USE	1	1		26.13		26.13	.000		26.13		.01
CROSSOVERS/ALL OTH OUTPTNT	33	184		2,903.88		15.78	.050		88.00		.79
@STATE HOSPITAL	0		Ś	.00		.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	т	.00		.00	.000	т	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	3,102	0	Ś	10,465,510.80		108.27	26.216	\$	3373.79	\$	2838.49
LEV A-INTERMEDIATE	10	335	Y	20,213.90		60.34	.091	Y	2021.39	Y	5.48
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0		•			.000		.00		
	· ·	0		.00		.00					.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	<u> </u>	O .		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3,092	96,323	_	10,445,296.90		108.44	26.125	_	3378.17	_	2833.01
@INTERMEDIATE CARE FACILDD	0		\$.00		.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	3	7	\$	79.35	; \$	11.34	.002	\$	26.45	\$.02
PATHOLOGY	1	3		41.00)	13.67	.001		41.00		.01
XO AND OTHERS	2	4		38.35)	9.59	.001		19.18		.01
@ORGANIZED OUTPATIENT CLINIC	_ 1	1	Ś	174.92		174.92	.000	\$	174.92	\$.05
CLINIC	0	0	r	.00		.00	.000	4	.00	7	.00
SURGICENTER	1	1		174.92		174.92	.000		174.92		.05
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	O .	C MC					חקר		г	AGE 6,536
			אויו טויו	NIU-OL-BAIMENI	VELOKI	TOK OAN	ZUU4 INKU	ひむし	2004	P	
MOPO24	FEE-FOR-SERVICE/DENT		C E-	IDM CADE ACED		AID CODE	1.0				03/14/05
MARIN COUNTY	SUMMARY OF SERVICES	FOR MIN - LON	G TE	KM CAKE - AGED		AID CODE	13				

3,687 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	299	40,815	\$	271,942.02	\$ 6.66	11.070	\$ 909.51	\$ 73.76
DURABLE MED. EQUIP.	29	414		20,388.00	49.25	.112	703.03	5.53
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	4		104.52	26.13	.001	34.84	.03
MEDICAL TRANSPORTATION	27	282		2,623.63	9.30	.076	97.17	.71
AMBULANCES/AIR TRANS	13	132		1,659.57	12.57	.036	127.66	.45
OTHER TRANS	13	141		925.57	6.56	.038	71.20	.25
OTHER SERVICES	1	9		38.49	4.28	.002	38.49	.01
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	71		4,940.18	69.58	.019	988.04	1.34
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	29	79		940.71	11.91	.021	32.44	.26
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	42	61		71.13	1.17	.017	1.69	.02
PROSTHETIST/ORTHOTISTS	1	1		57.49	57.49	.000	57.49	.02
PROSTHETICS	1	1		57.49	57.49	.000	57.49	.02
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	2	4		82.92	20.73	.001	41.46	.02
SPEECH AND AUDIOLOGY	42	79		6,796.02	86.03	.021	161.81	1.84
HOSPICE SERVICES	69	2,394		226,832.22	94.75	.649	3287.42	61.52
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	63	37,426		9,105.20	.24	10.151	144.53	2.47
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	694	12,600	\$	189,805.31	\$ 15.06	3.417	\$ 273.49	\$ 51.48
A* TOTALS IN THESE ITNES ARE CIT	TENT AC A CEDAT	DAME THEODMANTON	TUEN	ONIT V •				

----- MONTHLY AVERAGE -----

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,537 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MARIN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

DOLLINICI OF DELC	VICED IOIC IIIV I	10110 11	JIMI CIIM DILIND	1110 0000	23		
					MOI	NTHLY AVERA	GE
USERS	UNITS OF SERVIC	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CAR	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
33	1,007	\$	124,452.76	\$ 123.59	28.771	\$ 3771.30	\$ 3555.79
5	6	\$	156.09	\$ 26.02	.171	\$ 31.22	\$ 4.46
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
		USERS UNITS OF SERVIC OR DAYS OF CAR	USERS UNITS OF SERVICE OR DAYS OF CARE	USERS UNITS OF SERVICE OR DAYS OF CARE 33 1,007 \$ 124,452.76 5 6 \$ 156.09 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE 33	USERS UNITS OF SERVICE OR DAYS OF CARE 33	USERS UNITS OF SERVICE OR DAYS OF CARE 33

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	Ô		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	1	3		91.35	45.68	.057	91.35		2.61
	1	2							.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		
ASSISTANT SURGEON	U	U		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	2		91.35	45.68	.057	91.35		2.61
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	4	4		64.74	16.19	.114	16.19		1.85
@PHARMACY	20	89	\$	6,086.36	\$ 68.39	2.543 \$		Ś	173.90
PRESCRIPTION DRUGS	20	89	т	6,086.36	68.39	2.543	304.32	Τ.	173.90
SNF/ICF	20	88		6,102.76	69.35	2.514	305.14		174.36
	0	1		-					
OUTPATIENTS				16.40CR			.00		.47CR
MEDICAL SUPPLIES	0	0	_	.00	.00	.000	.00	_	.00
@DENTIST	2	8	\$	380.00	\$ 47.50	.229 \$		Ş	10.86
VISITS - DIAGNOSTIC	2	7		180.00	25.71	.200	90.00		5.14
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	1	1		200.00	200.00	.029	200.00		5.71
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0							
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	ŭ	U		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	C 2004	Ρ.	AGE 6,538
MOP024	FEE-FOR-SERVICE	/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MN - LO	ONG 1	TERM CARE - BLIND	AID CODE				
						MON	THLY AVERA	AGE	
35 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	·	.00
EYE APPLIANCES	0	Õ		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	ċ		\$.00			ċ	.00
			Ą	• • • •		.000 \$		Ş	
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0	<u>_</u>	.00	.00	.000	.00	~	.00
@PODIATRIST	2	3	\$	5.63	\$ 1.88	.086 \$		Ş	.16
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	2	3		5.63	1.88	.086	2.82		.16
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00
	-	-	•						

NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	Ő		0	\$.00	\$.00	.000	\$.00		.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	2		8	\$	226.78	\$	28.35	.229	\$	113.39	\$	6.48
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2		8		226.78		28.35	.229		113.39		6.48
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	1		2		166.74		83.37	.057		166.74		4.76
CROSSOVERS/ALL OTH OUTPINT	2		6		60.04		10.01	.171		30.02		1.72
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT			0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			PENDITUR	ES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	Ρ	AGE 6,539
MOP024	FEE-FOR-SERVICE/I											03/14/05
MARIN COUNTY	SUMMARY OF SERVIC	ES FOR	MN - LO	NG 1	FERM CARE - BLIND		AID CODE					
										HLY AVERA	-	
35 ELIGIBLES			SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS	OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2		8	\$	226.78	\$	28.35	.229		113.39		6.48
COMM HOSP INPATIENT TOTAL	0		0				.00			.00		
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U		U		.00		.00	.000		.00		.00
ALL OTHER ACCOM	U		0		.00		.00	.000		.00		.00
ANCILLARIES	Ü		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	Ü		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	2	8	226.78	28.35	.229	113.39	6.48
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	166.74	83.37	.057	166.74	4.76
CROSSOVERS/ALL OTH OUTPTNT	2	6	60.04	10.01	.171	30.02	1.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	8	210	\$ 25,691.38	\$ 122.34	6.000	\$ 3211.42	\$ 734.04
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	8	210	25,691.38	122.34	6.000	3211.42	734.04
@INTERMEDIATE CARE FACILDD	21	615	\$ 91,128.62	\$ 148.18	17.571	\$ 4339.46	\$ 2603.67
ICF DDH	21	615	91,128.62	148.18	17.571	4339.46	2603.67
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER 0 0 .00 .00 .000 .00 .00 .00 .00 HEROIN DETOX CLINIC 0 0 .00 .000 .00 .00 .00 .000 .00 RURAL HEALTH CLINIC Ω Ω .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,540 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

					MOI	THLY AVERAG	GE
35 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6	68 \$	777.90	\$ 11.44	1.943	129.65	\$ 22.23
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	50.00	25.00	.057	50.00	1.43
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	1	31.96	31.96	.029	31.96	.91
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.89	.89	.029	.89	.03
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	14	641.92	45.85	.400	213.97	18.34
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	50	53.13	1.06	1.429	53.13	1.52
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	8	14 \$	366.06	\$ 26.15	.400	\$ 45.76	\$ 10.46

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MARIN COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,541
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

----- MONTHLY AVERAGE -----927 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 955 105,201 \$ 4,200,989.43 \$ 39.93 113.485 \$ 4398.94 \$ 4531.81 195 561 Ś .605 \$ 55.48 \$ 11.67 @PHYSICIANS SERVICES 10,818.84 \$ 19.28 794.90 28 28.39 .030 56.78 OUTPATIENT VISITS 14 .86 28.39 .030 27.18 .018 9 17 .U0 .000 46.27 .004 .00 .000 .00 .000 51.33 .50 OFFICE VISITS 0 .00 .00 .00 HOME VISITS 185.06 46.27 .20 EMERGENCY ROOM 4 4 .004 .000 .00 PREVENTIVE CARE 0 0 .00 .00 OB VISITS/COMPRE PERI .00 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	4	7		147.84		21.12	.008		36.96		.16
INPATIENT VISITS	27	47		1,725.25		36.71	.051		63.90		1.86
HOSPITAL VISITS	9	17		736.25		43.31	.018		81.81		.79
CRITICAL CARE	1	2		243.20		121.60	.002		243.20		.26
SNF/ICF/TRANS IP CARE	19	28		745.80		26.64	.030		39.25		.80
OPHTHALMOLOGICAL SERVICES	4	4		130.03		32.51	.004		32.51		.14
EXAMINATIONS	4	4		130.03		32.51	.004		32.51		.14
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	3		472.16		157.39	.003		236.08		.51
PRINCIPAL SURGEON	2	3		472.16		157.39	.003		236.08		.51
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	11	47		2,303.20		49.00	.051		209.38		2.48
PRINCIPAL SURGEON	2	3		1,067.20		355.73	.003		533.60		1.15
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	10	44		1,236.00		28.09	.047		123.60		1.33
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	76		265.29		3.49	.082		37.90		.29
RADIOLOGY	0	24		1,242.05		51.75	.026		155.26		1.34
	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0									
IMMUNIZATION AND INJECTION	143			.00 3,885.96		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	813	332	ċ	•	Ċ	11.70	.358	Ċ	27.17 719.05	ċ	4.19 630.63
@PHARMACY	801	41,198	\$	584,591.51	\$		44.442	Þ	719.05	Þ	617.52
PRESCRIPTION DRUGS		5,243		572,442.92		109.18	5.656				
SNF/ICF	595	4,606		533,709.81		115.87	4.969		896.99		575.74
OUTPATIENTS	223	637		38,733.11		60.81	.687		173.69		41.78
MEDICAL SUPPLIES	91	35 , 955		12,148.59		.34	38.786		133.50		13.11
@DENTIST	58	259	\$	11,005.50	\$.279	Ş		Ş	11.87
VISITS - DIAGNOSTIC	58	198		4,644.70		23.46	.214		80.08		5.01
ORAL SURGERY	5	14		835.00		59.64	.015		167.00		.90
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	25	28		4,649.00		166.04	.030		185.96		5.02
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	9	17		876.80		51.58	.018		97.42		.95
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	2		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV			ES 1	MONTH-OF-PAYMENT RE	EPORT	' FOR JAN	2004 THRU	DEC	2004	P.	AGE 6,542
MOP024	FEE-FOR-SERVIC										03/14/05
MARIN COUNTY	SUMMARY OF SER	JICES FOR MN - LON	1G '	TERM CARE - DISABLE	ED	AID CODE					
							M				
927 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			'UNITS/DAY				COST PER
_		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	14	30	\$	536.03	\$	17.87	.032	Ş	38.29	Ş	.58
DIAGNOSTIC AND ANC. PROCED	3	4		134.34		33.59	.004		44.78		.14
EYE APPLIANCES	5	15		213.80		14.25	.016		42.76		.23
OTHER OPTOMETRIC SERVICES	7	11	_	187.89		17.08	.012		26.84	_	.20
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$		\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0	_	.00		.00	.000		.00	_	.00
@PODIATRIST	40	51	\$	321.54	\$	6.30	.055	\$	8.04	\$.35

MEDICINE/INJECTIONS	4	4	96.00	24.00	.004	24.00	.10
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	36	47	225.54	4.80	.051	6.27	.24
@HOME HEALTH AGENCY	1	13 \$	1,015.90	\$ 78.15	.014 \$		
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
	0	0 \$.00	•			
PEDIATRIC NURSE PRACTITIONER	0	0 \$		•	.000 \$		
FAMILY NURSE PRACTITIONER	•		.00	\$.00	.000 \$		
@TOTAL HOSPITAL	109	574 \$	100,598.64	\$ 175.26	.619 \$		
HOSP INPATIENT TOTAL	13	50	86,984.00	1739.68	.054	6691.08	93.83
HSC HOSPITALS	2	50	76,480.00	1529.60	.054	38240.00	82.50
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	11	0	10,504.00	.00	.000	954.91	11.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	97	524	13,614.64	25.98	.565	140.36	14.69
MEDICAL	21	42	2,632.58	62.68	.045	125.36	2.84
SURGERY	7	7	342.88	48.98	.008	48.98	.37
PATHOLOGY	30	210	2,093.05	9.97	.227	69.77	2.26
RADIOLOGY	8	23	1,805.40	78.50	.025	225.68	1.95
ROOM USE	31	54	3,651.93	67.63	.058	117.80	3.94
CROSSOVERS/ALL OTH OUTPTNT	56	188		16.43		55.16	3.33
	3		3,088.80		.203		
@COUNTY HOSPITAL TOTAL		18 \$	122.46	\$ 6.80	.019 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	18	122.46	6.80	.019	40.82	.13
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	18	122.46	6.80	.019	40.82	.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 6,543
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
MARIN COUNTY		ICES FOR MN - LONG TE	RM CARE - DISABLE	D AID CODE	63		
					MON	THLY AVERA	GE
927 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	106	556 \$	100,476.18	\$ 180.71	.600 \$		
COMM HOSP INPATIENT TOTAL	13	50	86,984.00	1739.68	.054	6691.08	93.83
HSC HOSPITALS	2	50	76,480.00	1529.60	.054	38240.00	82.50
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODALIONS	U	U	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	11	0		10,504.00		.00	.000		954.91		11.33
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	94	506		13,492.18		26.66	.546		143.53		14.55
MEDICAL	21	42		2,632.58		62.68	.045		125.36		2.84
SURGERY	7	7		342.88		48.98	.008		48.98		.37
PATHOLOGY	30	210		2,093.05		9.97	.227		69.77		2.26
RADIOLOGY	8	23		1,805.40		78.50	.025		225.68		1.95
ROOM USE	31	54		3,651.93		67.63	.058		117.80		3.94
CROSSOVERS/ALL OTH OUTPTNT	53	170		2,966.34		17.45	.183		55.97		3.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	377	12,224	\$	1,537,019.29	\$	125.74	13.187	\$		\$	1658.06
LEV A-INTERMEDIATE	9	366		23,126.16	·	63.19	.395	•	2569.57	·	24.95
LEV B-REHAB MD	49	1,719		219,631.28		127.77	1.854		4482.27		236.93
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	12	352		142,000.32		403.41	.380		11833.36		153.18
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	307 390 389	9,787		1,152,261.53		117.73	10.558		3753.29		1243.00
@INTERMEDIATE CARE FACILDD	390	12,759	\$	1,898,409.94	\$	148.79		\$	4867.72	\$	
ICF DDH	389	12,670		1,882,195.50	·	148.56	13.668	•	4838.55	·	2030.42
ICF DD	0	. 0		.00		.00	.000		.00		.00
ICF DDN/DDCN	1	89		16,214.44		182.18	.096		16214.44		17.49
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	·	.00	.000	•	.00	·	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	4	\$	77.86	\$	19.47	.004	\$	38.93	\$.08
HOSPITAL BASED	2	4		77.86		19.47	.004		38.93	·	.08
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	12	31	\$	767.42	\$	24.76	.033	\$	63.95	\$.83
PATHOLOGY	11	28		667.86		23.85	.030		60.71		.72
XO AND OTHERS	2	3		99.56		33.19	.003		49.78		.11
@ORGANIZED OUTPATIENT CLINIC	8	13	\$	1,066.80	\$	82.06	.014	\$	133.35	\$	1.15
CLINIC	1	1		53.11		53.11	.001		53.11	·	.06
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	12		1,013.69		84.47	.013		144.81		1.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2		DEC	2004	P.	AGE 6,544
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MN - 1	LONG	TERM CARE - DISABL	ED	AID CODE	63				
							M	IONT	HLY AVERA	GE	
927 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	.S	COST PER		COST PER
		OR DAYS OF CAL	RE		PEF	UNIT/DAY	PER ELIG	3	USER		ELIGIBLE
@ALL OTHER PROVIDERS	163	37,484	\$	54,760.16	\$	1.46	40.436	\$	335.95	\$	59.07
DURABLE MED. EQUIP.	25	189		18,345.27		97.06	.204		733.81		19.79
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	19	193		2,213.32		11.47	.208		116.49		2.39
AMBULANCES/AIR TRANS	12	230		1,993.73		8.67	.248		166.14		2.15
OTHER TRANS	3	82		172.00		2.10	.088		57.33		.19
OTHER SERVICES	4	119C	R	47.59		.40CR	.1280	CR	11.90		.05
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	10	35		506.11	14.46	.038	50.61	.55
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	8	10		115.76	11.58	.011	14.47	.12
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3		21.19	7.06	.003	21.19	.02
SPEECH AND AUDIOLOGY	53	216		8,864.11	41.04	.233	167.25	9.56
HOSPICE SERVICES	4	166		18,034.94	108.64	.179	4508.74	19.46
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	64	36 , 672		6,659.46	.18	39.560	104.05	7.18
@CALIF. CHILDREN SERVICES*	1	1	\$	46.44	\$ 46.44	.001	\$ 46.44	\$.05
@XOVER EXCLUDING STATE HOSP**	285	554	\$	39,454.63	\$ 71.22	.598	\$ 138.44	\$ 42.56
A+ MOMATO TAL MURCE TIMES ADE CIVI		TATECDNAMETON	THEM O	NTT NZ -				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDOE BIIII INCE INCEOBED I	i, inc introduction politic printe incole;	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,545
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	€		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0			.00		.00	.000		.00		.00
OFFICE VISITS	0	0			.00		.00	.000		.00		.00
HOME VISITS	0	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0			.00		.00	.000		.00		.00
INPATIENT VISITS	0	0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	\$.000	\$		\$	
•	0	0	Ą			Ą	.00		Ą		Ą	.00
PRESCRIPTION DRUGS	0	0			.00		.00	.000		.00		.00
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	ŭ	•			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0	ċ		.00	Ċ	.00	.000	ċ	.00	ċ	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$		\$.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0					.00			.00		.00
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-P.	AYMENT RI	EPORT	FOR JAN 200	4 THRU	DEC	2004		
	FEE-FOR-SERVICE											03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MN - LO	NG	TERM CARE	- FAMILIE	ES I						
			_			_				ILY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPEN	DITURES		RAGE COST UN					
0	•	OR DAYS OF CARE			2.2		UNIT/DAY P			USER		ELIGIBLE
@OPTOMETRIST	0	0	Ş		.00	\$.00	.000	Ş		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0			.00		.00	.000		.00		.00

	2			2.2	0.0	0.00	0.0		0.0
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$		\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	·	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
	0	0							
OTHER	0		<u>^</u>	.00	.00	.000	.00	<u>^</u>	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0							
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
	0	0			.00	.000	.00		.00
ROOM USE	0			.00					
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	Û	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	-							
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	Ü	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH-O			2004 THRU DEG		PAGE	6,547
MOP024	FEE-FOR-SERVICE/DENTAL				2		-		/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	MN - TON	NG TERM CAI	RE - FAMILIE	S DISCONTIN	HED		0.0	, _ 1, 00
ITTIVITY COOLVII	SOLUTION OF SHICK ICHO POR	1.114 1101	ILIUI CAI		C DIDCONTIN			~=	

		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG	,	USER	Е	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
MENTALLY ILL	0	0	۲	.00	Y	.00	.000	۲	.00	۲	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
LEV A-INTERMEDIATE	0	0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE HISTEL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ċ	.00
ICF DDH	0	0	Ş	.00	Ą	.00	.000	Ą	.00	Ą	
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ċ	.00
HOSPITAL BASED	0	0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ċ	.00
PATHOLOGY	0	0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC CLINIC	0	0	٧	.00	Y	.00	.000	٧	.00	٧	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00			.000				.00
		סוויידתואיםסעים מואג י	EC I	MONTH-OF-PAYMENT RE							
	FEE-FOR-SERVICE/I		T CIL	MONIII OF FAIMENT RE	1101/1	I FOR UAN 2	OMILI POO.	טבוע	, 2004		03/14/05
			NC T	TERM CARE - FAMILIE	79	DISCONTINI	IFD				03/14/03
MAKIN COONII	SOMMAN OF SERVIN	LO FOR THE LO	110 1	IERM CARE PARIETE	10		.ш. М	ı∪Nıπ	אסשווא עדטי	CF -	
00 ELIGIBLES	IISERS I	INITS OF SERVICE		EXPENDITURES	⊼ 775						
00 111611111111111111111111111111111111		OR DAYS OF CARE		121 11D1 101(H)		R UNIT/DAY					LIGIBLE
@ALL OTHER PROVIDERS	0	OR DAIS OF CARE		.00							
DURABLE MED. EQUIP.	0	0	4	.00	Y	.00	000	7	.00	~	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
PHOOD DVIMI	O	U		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,549
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

----- MONTHLY AVERAGE -----4,649 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 4,575 260,906 \$ 15,884,486.71 60.88 56.121 \$ 3472.02 \$ 3416.75 443 1,063 18,132.65 \$ 17.06 .229 \$ 40.93 \$ @PHYSICIANS SERVICES OUTPATIENT VISITS 16 30 1,011.06 33.70 .006 63.19 .22 51.33 OFFICE VISITS 9 17 462.00 27.18 .004 .10 0 0 .00 .00 .000 .00 HOME VISITS .00 .00 .00 21.12 35.98 EMERGENCY ROOM 6 401.22 .001 66.87 6 .09 0 PREVENTIVE CARE .00 .000 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI OTHER OUTPATIENT 7 147.84 .002 36.96 .03 29 50 62.04 INPATIENT VISITS 1,799.15 .011 .39 9 17 736.25 43.31 .004 81.81 HOSPITAL VISITS 1 2 CRITICAL CARE 243.20 121.60 .000 243.20 .05 SNF/ICF/TRANS IP CARE 31 819.70 26.44 39.03 .007 .18 OPHTHALMOLOGICAL SERVICES 284.86 35.61 .002 40.69 284.86 35.61 40.69 EXAMINATIONS .002 .06 .00 .00 .000 .00 SERVICES AND MATERIALS .00 472.16 157.39 .001 236.08 INPATIENT HOSPITAL SURGERY 472.16 157.39 PRINCIPAL SURGEON .001 236.08 .10 0 .00 ASSISTANT SURGEON .00 .000 .00 .00 .00 .00 ANESTHESIOLOGIST .00 .000 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	12	49		2,394.5	5	48.87	.011		199.55		.52
PRINCIPAL SURGEON	2	3		1,067.20	0	355.73	.001		533.60		.23
ASSISTANT SURGEON	0	0		.00	0	.00	.000		.00		.00
ANESTHESIOLOGIST	11	46		1,327.3	5	28.86	.010		120.67		.29
DIALYSIS	0	0		.00	0	.00	.000		.00		.00
PATHOLOGY	7	76		265.29	9	3.49	.016		37.90		.06
RADIOLOGY	9	27		1,298.45	5	48.09	.006		144.27		.28
PSYCHIATRY	0	0		.00	0	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	0	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	383	820		10,607.13	3	12.94	.176		27.69		2.28
@PHARMACY	3,331	56,876	\$	1,323,604.03	3 \$	23.27	12.234	\$	397.36	\$	284.71
PRESCRIPTION DRUGS	3,315	19 , 637		1,308,107.0	6	66.61	4.224		394.60		281.37
SNF/ICF	2,723	17,610		1,204,078.8	5	68.37	3.788		442.19		259.00
OUTPATIENTS	645	2,027		104,028.23	1	51.32	.436		161.28		22.38
MEDICAL SUPPLIES	127	37 , 239		15,496.9	7	.42	8.010		122.02		3.33
@DENTIST	337	777	\$	34,123.7	5 \$	43.92	.167	\$	101.26	\$	7.34
VISITS - DIAGNOSTIC	312	634		15,980.9	5	25.21	.136		51.22		3.44
ORAL SURGERY	11	49		1,696.00	0	34.61	.011		154.18		.36
DRUGS	0	0		.00	0	.00	.000		.00		.00
ANESTHESIA	0	0		.00	0	.00	.000		.00		.00
PERIODONTICS	27	30		4,904.00	0	163.47	.006		181.63		1.05
ENDODONTICS	0	0		.00	0	.00	.000		.00		.00
RESTORATIVE DENTISTRY	14	22		1,062.80	0	48.31	.005		75.91		.23
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	25	37		10,480.00	0	283.24	.008		419.20		2.25
SPACE MAINTAINERS	0	0		.00	0	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	0	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	0	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	0	.00	.000		.00		.00
ALL OTHER SERVICES	7	5		.00	0	.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH	-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 6,550
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ									03/14/05

MARIN COUNTY	SUMMARY OF SERV	VICES FOR MN - LC	NG T	ERM CARE - TOTAL			3.0	~ ~ ~ ~ ~		~ =	
4 640 71 767777									THLY AVERA	GE.	
4,649 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST	/				COST PER
O O DECIMEED TOE	2.0	OR DAYS OF CARE		1 665 05		R UNIT/DAY			USER	Ċ	ELIGIBLE
@OPTOMETRIST	36	95	\$	1,665.25	\$	17.53	.020	Ş	46.26	\$.36
DIAGNOSTIC AND ANC. PROCED	5	6		189.29		31.55	.001		37.86		.04
EYE APPLIANCES	25	78		1,288.07		16.51	.017		51.52		.28
OTHER OPTOMETRIC SERVICES	7	11	ć	187.89	Ċ	17.08	.002	Ċ	26.84	Ċ	.04
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Þ	.00	Þ	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES		0	<u> </u>	.00	<u>^</u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@PODIATRIST	296	385	\$	•	\$	5.65	.083	Ş	7.35	\$.47
MEDICINE/INJECTIONS	4	4		96.00		24.00	.001		24.00		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	292	381		2,080.80		5.46	.082		7.13		.45
@HOME HEALTH AGENCY	1	13	\$		\$	78.15	.003		1015.90	\$.22
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$		\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	167	808	\$,	\$	193.52	.174	Ş	936.30	\$	33.63
HOSP INPATIENT TOTAL	36	91		139,590.44		1533.96	.020		3877.51		30.03
HSC HOSPITALS	7	91		116,599.89		1281.32	.020		16657.13		25.08
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	29	0		22,990.55		.00	.000		792.78		4.95
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	133	717		16,771.43		23.39	.154		126.10		3.61
MEDICAL	21	42		2,632.58		62.68	.009		125.36		.57
SURGERY	7	7		342.88		48.98	.002		48.98		.07
PATHOLOGY	30	210		2,093.05		9.97	.045		69.77		.45
RADIOLOGY	8	23		1,805.40		78.50	.005		225.68		.39
ROOM USE	33	57		3,844.80		67.45	.012		116.51		.83
CROSSOVERS/ALL OTH OUTPTNT	91	378		6 , 052.72		16.01	.081		66.51		1.30
@COUNTY HOSPITAL TOTAL	3	18	\$	122.46	\$	6.80	.004	\$	40.82	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	18		122.46		6.80	.004		40.82		.03
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

MOP024

MARIN COUNTY

18 122.46 6.80 .004 40.82

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,551

.03

03/14/05

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

MOPUZ4	FEE-FOR-SERVICE										03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MN -	LONG T	ERM CARE - TOTAL			_				
4 640 BLIGIBLES	USERS	INITES OF SERVI	CE		7.7.7	1D 3 CE COC			THLY AVERA		COST PER
4,649 ELIGIBLES	USEKS	UNITS OF SERVI OR DAYS OF CA		EXPENDITURES			T UNITS/DAY Y PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	164	790	.KL \$	156,239.41		197.77	.170				33.61
COMM HOSP INPATIENT TOTAL	36	91	Ÿ	139,590.44		1533.96	.020	Y	3877.51	Y	30.03
HSC HOSPITALS	7	91		116,599.89		1281.32	.020		16657.13		25.08
	0	91		-			.020				.00
NON-HSC HOSPITALS TOTAL	0	-		.00		.00			.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	-	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00 .00 .00 22,990.55		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	29	0				.00	.000		792.78		4.95
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	130	699		16,648.97		23.82	.150		128.07		3.58
MEDICAL	21	42		2,632.58		62.68	.009		125.36		.57
SURGERY	7	7		342.88		62.68 48.98	.002		48.98		.07
PATHOLOGY	30	210		2,093.05		9.97	.045		69.77		.45
RADIOLOGY	8	23		1,805.40		78.50	.005		225.68		.39
ROOM USE	33	57		3,844.80		67.45	.012		116.51		.83
CROSSOVERS/ALL OTH OUTPTNT	88	360		5,930.26		16.47	.077		67.39		1.28
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0 3,487	109,092	\$	12,028,221.47		110.26	23.466	Ś		Ś	2587.27
LEV A-INTERMEDIATE	19	701		43,340.06		61.83	.151	•	2281.06		9.32
LEV B-REHAB MD	49	1,719		219,631.28		127.77	.370		4482.27		47.24
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	12	352		142,000.32		403.41	.076		11833.36		30.54
LEV B-TRANSITIONAL IP CARE		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 3,407 411	106,320		11,623,249.81		109.32	22.869		3411.58		2500.16
@INTERMEDIATE CARE FACILDD	411	13,374	\$	1,989,538.56		148.76		Ś		\$	
ICF DDH	410	13,285	Y	1,973,324.12		148.54	2.858	Y	4812.99	Y	424.46
ICF DDN		13,203		.00		.00	.000		.00		.00
ICF DDN/DDCN	1	89		16,214.44		182.18	.019		16214.44		3.49
@HEMODIALYSIS TOTAL	0 1 0	0	Ś	.00	\$.00	.000	ċ	.00	Ċ	.00
HOSPITAL BASED	0	0	Ÿ	.00		.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	3	4	Ś	77.86		19.47	.001	ċ	38.93	Ċ	.02
HOSPITAL BASED	2 2 0 15 12 4	4	Ą	77.86		19.47	.001	۲	38.93	۲	.02
TUDEDENDENE EACTITEV	2	0				.00					.02
INDEPENDENT FACILITY	1 -	38	Ś	.00			.000	ć	.00	<u>_</u>	
@LABORATORY FACILITY	15		Ş	846.77		22.28	.008	Þ	56.45	Ş	.18
PATHOLOGY	12	31		708.86		22.87	.007		59.07		.15
		7		137.91		19.70	.002	_	34.48		.03
@ORGANIZED OUTPATIENT CLINIC	9	14	\$	1,241.72	\$	88.69	.003	\$		Ş	.27
CLINIC	1	1		53.11		53.11	.000		53.11		.01
SURGICENTER	1	1		174.92		174.92	.000		174.92		.04
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	12		1,013.69		84.47	.003		144.81		.22
#CALIF DEPT OF HEALTH SERV			URES M	ONTH-OF-PAYMENT I	REPORT	FOR JAN	2004 THRU	DEC	2004	P	PAGE 6,552
MOP024	FEE-FOR-SERVICE										03/14/05
MAD TAL COLLABOR	CIDARA DI CE CEDI	TODO DOD MAI	TONG TO	DDM CADD BORAT							

4,649 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	468	78 , 367 \$	327,480.08	\$ 4.18	16.857	\$ 699.74	\$ 70.44
DURABLE MED. EQUIP.	54	603	38,733.27	64.23	.130	717.28	8.33
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	6	154.52	25.75	.001	38.63	.03
MEDICAL TRANSPORTATION	46	475	4,836.95	10.18	.102	105.15	1.04
AMBULANCES/AIR TRANS	25	362	3,653.30	10.09	.078	146.13	.79
OTHER TRANS	16	223	1,097.57	4.92	.048	68.60	.24
OTHER SERVICES	5	110CR	86.08	.78CR	.024CR	17.22	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	71	4,940.18	69.58	.015	988.04	1.06
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	40	115	1,478.78	12.86	.025	36.97	.32
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	51	72	187.78	2.61	.015	3.68	.04
PROSTHETIST/ORTHOTISTS	1	1	57.49	57.49	.000	57.49	.01
PROSTHETICS	1	1	57.49	57.49	.000	57.49	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	7	104.11	14.87	.002	34.70	.02
SPEECH AND AUDIOLOGY	98	309	16,302.05	52.76	.066	166.35	3.51
HOSPICE SERVICES	73	2 , 560	244,867.16	95.65	.551	3354.34	52.67
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	128	74,148	15,817.79	.21	15.949	123.58	3.40
@CALIF. CHILDREN SERVICES*	1	1 \$	46.44	\$ 46.44	.000	\$ 46.44	\$.01
@XOVER EXCLUDING STATE HOSP**	987	13,168 \$	229,626.00	\$ 17.44	2.832	\$ 232.65	\$ 49.39

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,553
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

THICH COUNTY	OONII OOMIIN OO DHANGOOD ION MADDICAADI MADDI AGAD											
					MONTHLY AVERAGE							
11,258 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER				
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE				
@TOTAL, ALL PROVIDERS	8,656	246,400	\$	14,354,270.47	\$ 58.26	21.887	\$ 1658.30	\$ 1275.03				
@PHYSICIANS SERVICES	1,186	3,550	\$	103,709.00	\$ 29.21	.315	\$ 87.44	\$ 9.21				
OUTPATIENT VISITS	227	294		15,267.51	51.93	.026	67.26	1.36				
OFFICE VISITS	145	191		7,338.00	38.42	.017	50.61	.65				
HOME VISITS	0	0		.00	.00	.000	.00	.00				
EMERGENCY ROOM	84	94		7,637.67	81.25	.008	90.92	.68				
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00				
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00				
OTHER OUTPATIENT	9	9		291.84	32.43	.001	32.43	.03				
INPATIENT VISITS	57	209		9,048.71	43.30	.019	158.75	.80				
HOSPITAL VISITS	52	194		8,133.11	41.92	.017	156.41	.72				
CRITICAL CARE	3	5		608.00	121.60	.000	202.67	.05				
SNF/ICF/TRANS IP CARE	5	10		307.60	30.76	.001	61.52	.03				
OPHTHALMOLOGICAL SERVICES	38	44		1,865.10	42.39	.004	49.08	.17				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	38	44		1,865.10		42.39	.004		49.08		.17
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	22	100		9,102.06		91.02			413.73		.81
PRINCIPAL SURGEON	16	18		7,216.61		400.92			451.04		.64
ASSISTANT SURGEON	1	1		134.77		134.77	.000		134.77		.01
ANESTHESIOLOGIST	9	81		1,750.68		21.61	.007		194.52		.16
OUTPATIENT SURGERY	47	100		11,508.85		115.09	.007		244.87		1.02
PRINCIPAL SURGEON	38	43		9,927.13		230.86	.004		261.24		.88
ASSISTANT SURGEON	0	0		.00		.00	.004		.00		.00
ANESTHESIOLOGIST	10	57		1,581.72		27.75	.005		158.17		.14
DIALYSIS	6	11		2,163.64		196.69			360.61		.19
PATHOLOGY	25	71		960.07		13.52	.001		38.40		.09
	187	370				42.14	.033		83.37		
RADIOLOGY	187	0		15,590.39		.00					1.38
PSYCHIATRY	10	15		.00			.000		.00		
IMMUNIZATION AND INJECTION		15		3,095.04		206.34	.001		309.50		.27
OTHER SERVICES/ALL X-OVERS	843	2,336 60,292		35,107.63		15.03	.207		41.65		3.12
@PHARMACY	843 6,423	60,292	\$	1,883,679.58	\$		5.355	Ş		Ş	
PRESCRIPTION DRUGS	6,335 2,342	28,100		1,849,219.22		65.81	2.496		291.91		164.26
SNF/ICF	2,342	14,418		778,745.46		54.01	1.281		332.51		69.17
OUTPATIENTS	4,066	13,682		1,070,473.76		78.24	1.215		263.27		95.09
MEDICAL SUPPLIES	330	32,192		34,460.36		1.07			104.43		3.06
@DENTIST	596	•	\$	65 , 875.20	\$.131	\$	110.53	\$	5.85
VISITS - DIAGNOSTIC	461	998		19,944.00		19.98			43.26		1.77
ORAL SURGERY	48	174		7,072.70		40.65	.015		147.35		.63
DRUGS	461 48 1 0	1 0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	14 12	16		1,016.00		63.50 263.54	.001		72.57		.09
ENDODONTICS		13		3,426.00		263.54	.001		285.50		.30
RESTORATIVE DENTISTRY	74	122		6,010.75		49.27 26.67	.011		81.23		.53
PROSTHETICS	3	3		80.00		26.67	.000		26.67		.01
DENTURES, STAYPLATES	74 0	144		28,325.75		196.71	.013		382.78		2.52
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	V	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	8	2		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURE	ES I	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2004 THRU I	DEC	2004	E	PAGE 6,554
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MEDICALI	LY I	NEEDY - AGED							
							MC	NT	HLY AVERA	GE	
11,258 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	57	156	\$	3,215.31	\$	20.61	.014	\$	56.41		.29
DIAGNOSTIC AND ANC. PROCED	14	14		627.98		44.86	.001		44.86		.06
EYE APPLIANCES	48	140		2,402.08		17.16	.012		50.04		.21
OTHER OPTOMETRIC SERVICES	3	2		185.25		92.63	.000		61.75		.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OBUED GEDVICEG	0	0		0.0			000		00		0.0

OTHER SERVICES

SURGERY/ANES.

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

MEDICINE/INJECTIONS

@PODIATRIST

OTHER

0

5

0

0

282

15

0

287

0

381

5

0

0

376

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0

\$

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2,399.33 \$

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\$

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186.40

2,212.93

6,928.44

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6.30

37.28

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5.89

69.98

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.033

.034 \$

.009 \$

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37.28

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461.90 \$

7.85

.00 \$

8.36 \$

.00

.21

.02

.00

.00

.20

.62

.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	665	3,666	\$ 476,883.27	\$ 130.08	.326	\$ 717.12	\$ 42.36
HOSP INPATIENT TOTAL	111	212	342,499.03	1615.56	.019	3085.58	30.42
HSC HOSPITALS	52	205	292,029.32	1424.53	.018	5615.95	25.94
NON-HSC HOSPITAL TOTAL	5	7	7,878.36	1125.48	.001	1575.67	.70
ACCOMMODATIONS	5	7	3,427.84	489.69	.001	685.57	.30
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	7	3,427.84	489.69	.001	685.57	.30
ANCILLARIES	5	0	4,450.52	.00	.000	890.10	.40
INPATIENT CROSSOVERS	56	0	42,591.35	.00	.000	760.56	3.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	585	3,454	134,384.24	38.91	.307	229.72	11.94
MEDICAL	138	203	9,118.29	44.92	.018	66.07	.81
SURGERY	31	36	1,469.79	40.83	.003	47.41	.13
PATHOLOGY	153	695	8,939.10	12.86	.062	58.43	.79
RADIOLOGY	170	391	54,936.51	140.50	.035	323.16	4.88
ROOM USE	132	165	6,569.58	39.82	.015	49.77	.58
CROSSOVERS/ALL OTH OUTPINT	340	1,964	53,350.97	27.16	.174	156.91	4.74
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 6,555
MOP024	FEE-FOR-SERVICE/DENTA	ΑL					03/14/05
MARIN COUNTY	SUMMARY OF SERVICES H	FOR MEDICALLY	NEEDY - AGED				

MARIN COUNTY	SUMMARI OF SERV	VICES FOR MEDICA	тіт І	EEDI - AGED			Mo	דואר	THIV AMERA	CF	
11,258 ELIGIBLES	USERS	UNITS OF SERVIC	F	EXPENDITURES	Z\ \ 7	ERAGE COST				.GĽ	COST PER
11,230 EE101BEE	ОВЫКВ	OR DAYS OF CAR				R UNIT/DAY		,	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	665	3,666	_ \$	476,883.27	Ś	130.08	.326	Ś	717.12	Ś	42.36
COMM HOSP INPATIENT TOTAL	111	212	Ψ	342,499.03	т	1615.56	.019	Τ.	3085.58	т	30.42
HSC HOSPITALS	52	205		292,029.32		1424.53	.018		5615.95		25.94
NON-HSC HOSPITALS TOTAL	5	7		7,878.36		1125.48	.001		1575.67		.70
ACCOMMODATIONS	5	7		3,427.84		489.69	.001		685.57		.30
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	7		3,427.84		489.69	.001		685.57		.30
ANCILLARIES	5	Ó		4,450.52		.00	.000		890.10		.40
INPATIENT CROSSOVERS	56	0		42,591.35		.00	.000		760.56		3.78
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	585	3,454		134,384.24		38.91	.307		229.72		11.94
MEDICAL	138	203		9,118.29		44.92	.018		66.07		.81
SURGERY	31	36		1,469.79		40.83	.003		47.41		.13
PATHOLOGY	153	695		8,939.10		12.86	.062		58.43		.79
RADIOLOGY	170	391		54,936.51		140.50	.035		323.16		4.88
ROOM USE	132	165		6,569.58		39.82	.015		49.77		.58
		1,964		53,350.97		27.16	.174		156.91		4.74
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	0	1,964	Ċ	.00	Ś	.00	.174	Ċ	.00	Ś	.00
• -	0	0	\$.00	Þ	.00	.000	Ş	.00	Þ	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	•	101,594	Ċ		ċ			Ċ		<u>_</u>	
@NURSING FACILITY	3,293	•	\$	11,155,273.70	\$	109.80 60.34	9.024	Ş	2021.39	Þ	990.88
LEV A-INTERMEDIATE	10	335		20,213.90			.030				1.80
LEV B-REHAB MD		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	O .	•		.00		.00	.000		.00		.00
LEV B-REGULAR	3,283	101,259	<u> </u>	11,135,059.80	<u>^</u>	109.97	8.994	<u> </u>	3391.73	_	989.08
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	33	641	\$	44,110.37	\$	68.81		\$		\$	3.92
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	33	641	_	44,110.37	_	68.81	.057	_	1336.68	_	3.92
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	287	2,583	\$	18,747.17	\$	7.26	.229	Ş	65.32	Ş	1.67
PATHOLOGY	256	2,508		16,400.36		6.54	.223		64.06		1.46
XO AND OTHERS	35	75		2,346.81		31.29	.007		67.05		.21
@ORGANIZED OUTPATIENT CLINIC	692	1,010	\$	78,797.15	\$	78.02	.090	\$	113.87	\$	7.00
CLINIC	32	85		1,839.50		21.64	.008		57.48		.16

SURGICENTER 4 5 736.42 147.28 .000 184.11 .07 .00 .000 HEROIN DETOX CLINIC 0 0 .00 .00 .00 RURAL HEALTH CLINIC 673 920 76,221.23 82.85 .082 113.26 6.77 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,556 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

MAKIN COUNTI	SUMMARI OF SERVI	ICES FOR MEDICA	ת נענו.	NEEDI - AGED					
						MO	NTHLY AVERA	GE	
11,258 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST		COST PER	COST	T PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIC	GIBLE
@ALL OTHER PROVIDERS	847	70 , 955	\$	514,651.95	\$ 7.25	6.303	\$ 607.62	\$ 4	45.71
DURABLE MED. EQUIP.	45	458		27 , 390.68	59.80	.041	608.68		2.43
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	15	23		3,578.13	155.57	.002	238.54		.32
MEDICAL TRANSPORTATION	63	530		6,266.02	11.82	.047	99.46		.56
AMBULANCES/AIR TRANS	37	294		4,744.75	16.14	.026	128.24		.42
OTHER TRANS	17	169		1,134.11	6.71	.015	66.71		.10
OTHER SERVICES	10	67		387.16	5.78	.006	38.72		.03
ACUPUNCTURE	5	15		264.92	17.66	.001	52.98		.02
ADULT DAY HEALTH CARE CTR	140	2,116		143,973.88	68.04	.188	1028.38		12.79
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	148	529		43,269.24	81.79	.047	292.36		3.84
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	106	366		4,715.89	12.88	.033	44.49		.42
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	45	66		112.53	1.71	.006	2.50		.01
PROSTHETIST/ORTHOTISTS	2	3		204.78	68.26	.000	102.39		.02
PROSTHETICS	2	3		204.78	68.26	.000	102.39		.02
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	3	5		144.65	28.93	.000	48.22		.01
SPEECH AND AUDIOLOGY	45	82		7,501.70	91.48	.007	166.70		.67
HOSPICE SERVICES	81	2,640		260,456.97	98.66	.234	3215.52	2	23.14
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	193	64,122		16,772.56	.26	5.696	86.90		1.49
@CALIF. CHILDREN SERVICES*	0	0	\$		\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,486	18,528	\$	337,630.95	\$ 18.22	1.646	\$ 227.21	\$ 2	29.99
0 * TOTALS IN THESE LINES ARE		TE INFORMATION	TTEM	ONLY:					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,557
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

MONIBILL A VEDACE

						MON	THLY AVERAG	,E
54 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	53	2,148	\$	131,493.04	\$ 61.22	39.778 \$	2481.00	\$ 2435.06
@PHYSICIANS SERVICES	15	48	\$	1,004.57	\$ 20.93	.889 \$	66.97	\$ 18.60
OUTPATIENT VISITS	7	7		144.38	20.63	.130	20.63	2.67
OFFICE VISITS	7	7		144.38	20.63	.130	20.63	2.67
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000	.00)	.00
INPATIENT VISITS	0	0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00		.00
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0									
EXAMINATIONS	U	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00)	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00)	.00
OUTPATIENT SURGERY	1	2		91.35		45.68	.037	91.35	5	1.69
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00)	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	1	2		91.35		45.68	.037	91.35		1.69
DIALYSIS	0	0		.00		.00	.000	.00		.00
	0	29								
PATHOLOGY	0			150.83		5.20	.537	25.14		2.79
RADIOLOGY	4	6		553.27		92.21	.111	138.32		10.25
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	4	4		64.74		16.19	.074	16.19		1.20
@PHARMACY	32	114	\$	7,327.60	\$	64.28	2.111	\$ 228.99	\$	135.70
PRESCRIPTION DRUGS	31	109		7,065.92		64.82	2.019	227.93	3	130.85
SNF/ICF	20	88		6,102.76		69.35	1.630	305.14	l	113.01
OUTPATIENTS	11	21		963.16		45.86	.389	87.56	5	17.84
MEDICAL SUPPLIES	2	5		261.68		52.34	.093	130.84		4.85
@DENTIST	2	8	\$	380.00	\$	47.50	.148			
VISITS - DIAGNOSTIC	2	7	۲	180.00	Y	25.71	.130	90.00		3.33
ORAL SURGERY	2	0					.000			.00
	0	0		.00		.00		.00		
DRUGS	U	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	1	1		200.00		200.00	.019	200.00		3.70
ENDODONTICS	0	0		.00		.00	.000	.00)	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00)	.00
PROSTHETICS	0	0		.00		.00	.000	.00)	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00)	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00)	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			סבכ ו	MONTH-OF-PAYMENT R						
		· . ·	KES I	MONIH-OF-PAIMENI R	EPORI	FOR JAN 2	.004 IRC .	DEC 2004		PAGE 6,558
MOP024	FEE-FOR-SERVICE									03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MEDICA	LLY I	NEEDY - BLIND						
								ONTHLY AVER	_	
54 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				S COST PER	ξ	COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00) \$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00)	.00
EYE APPLIANCES	Ō	0		.00		.00	.000	.00)	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000			
VISITS	0	0	4	.00	~	.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
	2	3	ċ	5.63	\$.056			
@PODIATRIST	4	3	\$	5.63	Ą	1.88	.056	۷ 2.82	. ې	. 10

MEDICINE/INJECTIONS	0	0	.00)	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00)	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00)	.00	.000	.00	.00
OTHER	2	3	5.63		1.88	.056	2.82	.10
@HOME HEALTH AGENCY	0	0 \$.00	.000 \$.00	
NURSE ANESTHESIST	0	0 \$.00		.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00		.00	.000 \$.00	\$.00
	0	0 \$				· ·	.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00		.00	.000 \$		
FAMILY NURSE PRACTITIONER		0 \$.00		.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	2	8 \$			28.35	.148 \$	113.39	\$ 4.20
HOSP INPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00)	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00)	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00)	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00)	.00	.000	.00	.00
ANCILLARIES	0	0	.00)	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00)	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00)	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	8	226.78	3	28.35	.148	113.39	4.20
MEDICAL	0	0	.00		.00	.000	.00	.00
SURGERY	0	0	.00)	.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	0	0	.00		.00	.000	.00	.00
ROOM USE	1	2	166.74		83.37	.037	166.74	3.09
CROSSOVERS/ALL OTH OUTPINT	2	6	60.04		10.01	.111	30.02	1.11
@COUNTY HOSPITAL TOTAL	0	0 \$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
	0	0	.00					
ACCOMMODATIONS	0	0			.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	· ·	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	U	U	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	Ü	.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
MEDICAL	0	0	.00		.00	.000	.00	.00
SURGERY	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	0	0	.00		.00	.000	.00	.00
ROOM USE	0	0	.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPOI	RT FOR JAN 2	2004 THRU DEC	2004	PAGE 6,559
MOP024	FEE-FOR-SERVICE	/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	NEEDY - BLIND					
						MON'	THLY AVERA	GE
54 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	Z A	JERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PI	ER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	8 \$	226.78	\$	28.35	.148 \$	113.39	\$ 4.20
COMM HOSP INPATIENT TOTAL	0	0	.00)	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00)	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00)	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00)	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	8	226.78	28.35	.148	113.39	4.20
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	166.74	83.37	.037	166.74	3.09
CROSSOVERS/ALL OTH OUTPINT	2	6	60.04	10.01	.111	30.02	1.11
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	8	210	\$ 25,691.38	\$ 122.34	3.889	\$ 3211.42	\$ 475.77
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	8	210	25,691.38	122.34	3.889	3211.42	475.77
@INTERMEDIATE CARE FACILDD	21	615	\$ 91,128.62	\$	11.389	\$ 4339.46	\$ 1687.57
ICF DDH	21	615	91,128.62	148.18	11.389	4339.46	1687.57
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	3	\$ 49.24	\$ 16.41	.056	\$ 49.24	\$.91
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	1	3	49.24		16.41	.056	49.24		.91
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2	2004 THRU 1	DEC 2004	PAGE	6 , 560
MOP024	FEE-FOR-SERVICE/DENTA	L						03	3/14/05
MARIN COUNTY	SUMMARY OF SERVICES FO	OR MEDICALLY	NEEDY - BLIND						
						MO	ONTHLY AVERAG	SE	
54 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	S COST PER	COSI	r per
	OR DA	AYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	ELIC	GIBLE

					MO	NIULI AAFVA	JE
54 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	12	1 , 139 \$	5 , 679.22	\$ 4.99	21.093	\$ 473.27	\$ 105.17
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	50.00	25.00	.037	50.00	.93
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	91.45	15.24	.111	45.73	1.69
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.89	.89	.019	.89	.02
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	14	641.92	45.85	.259	213.97	11.89
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	313	4,375.28	13.98	5.796	1093.82	81.02
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	803	519.68	.65	14.870	173.23	9.62
@CALIF. CHILDREN SERVICES*	1	3 \$	49.24	\$ 16.41	.056	\$ 49.24	\$.91
@XOVER EXCLUDING STATE HOSP**	8	14 \$	366.06	\$ 26.15	.259	\$ 45.76	\$ 6.78

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,561 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

							MO	NTHLY AVERA	AGE	
6,466 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	5,805	196,392	\$	8,863,352.91	\$	45.13	30.373	\$ 1526.85	\$	1370.76
@PHYSICIANS SERVICES	1,178	4,365	\$	174,046.93	\$	39.87	.675	\$ 147.75	\$	26.92

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	287	445		19,904.08		44.73	.069		69.35		3.08
OFFICE VISITS	196	274		8,851.35		32.30	.042		45.16		1.37
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	106	150		10,484.04		69.89	.023		98.91		1.62
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	17	21		568.69		27.08	.003		33.45		.09
INPATIENT VISITS	134	916		44,763.30		48.87	.142		334.05		6.92
HOSPITAL VISITS	111	790		32,888.60		41.63	.122		296.29		5.09
CRITICAL CARE	17	96		11,029.30		114.89	.015		648.78		1.71
SNF/ICF/TRANS IP CARE	21	30		845.40		28.18	.005		40.26		.13
OPHTHALMOLOGICAL SERVICES	23	25		1,011.21		40.45	.004		43.97		.16
EXAMINATIONS	23	25		1,011.21		40.45	.004		43.97		.16
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	37	342		23,864.02		69.78	.053		644.97		3.69
	27	68		17,296.94		254.37	.011		640.63		2.68
PRINCIPAL SURGEON	3										
ASSISTANT SURGEON		3		833.95		277.98	.000		277.98		.13
ANESTHESIOLOGIST	15	271		5,733.13		21.16	.042		382.21		.89
OUTPATIENT SURGERY	64	178		11,395.83		64.02	.028		178.06		1.76
PRINCIPAL SURGEON	45	64		8,678.94		135.61	.010		192.87		1.34
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	21	114		2,716.89		23.83	.018		129.38		.42
DIALYSIS	31	85		12,479.20		146.81	.013		402.55		1.93
PATHOLOGY	50	215		1,139.98		5.30	.033		22.80		.18
RADIOLOGY	160	456		23,082.57		50.62	.071		144.27		3.57
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	17	45		2,682.27		59.61	.007		157.78		.41
OTHER SERVICES/ALL X-OVERS	756	1,658		33,724.47		20.34	.256		44.61		5.22
@PHARMACY	4,660	78 , 963 \$	\$	3,206,939.91	\$	40.61	12.212	\$	688.18	\$	495.97
PRESCRIPTION DRUGS	4,591	23,976		3,165,783.04		132.04	3.708		689.56		489.60
SNF/ICF	896	7,164		958,889.57		133.85	1.108		1070.19		148.30
OUTPATIENTS	3,790	16,812		2,206,893.47		131.27	2.600		582.29		341.31
MEDICAL SUPPLIES	374	54,987		41,156.87		.75	8.504		110.05		6.37
@DENTIST	399	1,383	\$	49,501.95	\$	35.79	.214	\$	124.07	\$	7.66
VISITS - DIAGNOSTIC	288	870		14,265.66		16.40	.135		49.53		2.21
ORAL SURGERY	52	181		9,298.25		51.37	.028		178.81		1.44
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	ĺ		100.00		100.00	.000		100.00		.02
PERIODONTICS	41	44		6,158.24		139.96	.007		150.20		.95
ENDODONTICS	14	18		2,077.00		115.39	.003		148.36		.32
RESTORATIVE DENTISTRY	89	191		9,569.80		50.10	.030		107.53		1.48
PROSTHETICS	6	7		150.00		21.43	.001		25.00		.02
DENTURES, STAYPLATES	18	51		7,883.00		154.57	.008		437.94		1.22
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES											
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	16	20	7 1/	.00.		.00	.003		.00	Τ.	.00
			> IM	IONTH-OF-PAIMENT	REPOR.	FOR JAN	2004 THRU	DEC	2004	Р	AGE 6,562 03/14/05
MOP024	FEE-FOR-SERVICE										03/14/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	Y N	EEDY - DISABLED				0.7m		~ =	
C 466 BITTOIDIDE		INITES OF SERVICE		DVDDVD		1D3 CE CCC	M				
6,466 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
0.0 DECMETED TOE	4.0	OR DAYS OF CARE	,	0 004 5=		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	43	96 \$	7	2,834.65			.015	Ş		Ş	.44
DIAGNOSTIC AND ANC. PROCED	20	21		936.61		44.60	.003		46.83		.14

EYE APPLIANCES	20	63		1,607.27		25.51	.010			.25
OTHER OPTOMETRIC SERVICES	10	12		290.77		24.23	.002	29.08		.04
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000			.00
@PODIATRIST	81	109 \$		1,073.68		9.85	.017		Ċ	.17
	6		'						Y	
MEDICINE/INJECTIONS		6		187.50		31.25	.001			.03
SURGERY/ANES.	1	1		202.53		202.53	.000			.03
RADIO./PATHOLOGY	0	0		.00		.00	.000			.00
OTHER	74	102		683.65		6.70	.016	9.24		.11
@HOME HEALTH AGENCY	34	4,127 \$		75,548.31	\$	18.31	.638	\$ 2222.01	\$	11.68
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$.00		.00	.000		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000		Ś	.00
FAMILY NURSE PRACTITIONER	1	1 \$		2.76		2.76	.000			.00
	762	4,323 \$		1,151,632.89		266.40				
@TOTAL HOSPITAL		-, 1	1				.669		Ş	178.11
HOSP INPATIENT TOTAL	110	658		983,134.34		1494.13	.102			152.05
HSC HOSPITALS	55	577		890,831.00		1543.90	.089			137.77
NON-HSC HOSPITAL TOTAL	17	81		50,123.76		618.81	.013			7.75
ACCOMMODATIONS	17	81		23,452.55		289.54	.013	1379.56		3.63
ADMINISTRATIVE DAYS	1	3		346.95		115.65	.000	346.95		.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	16	78		23,105.60		296.23	.012			3.57
ANCILLARIES	17	0		26,671.21		.00	.000			4.12
	48	0								
INPATIENT CROSSOVERS		-		42,179.58		.00	.000			6.52
ALL OTHER INPATIENT	0	0		.00		.00	.000			.00
HOSP OUTPATIENT TOTAL	685	3 , 665		168,498.55		45.98	.567			26.06
MEDICAL	124	240		9,822.29		40.93	.037			1.52
SURGERY	34	41		2,446.28		59.67	.006	71.95		.38
PATHOLOGY	140	842		9,804.83		11.64	.130	70.03		1.52
RADIOLOGY	117	315		48,961.31		155.43	.049			7.57
ROOM USE	171	260		11,295.58		43.44	.040			1.75
CROSSOVERS/ALL OTH OUTPINT	486	1,967		86,168.26		43.81	.304			13.33
	8	77 \$		40,283.00		523.16		\$ 5035.38	ċ	6.23
@COUNTY HOSPITAL TOTAL	0		1	•					Ş	
CO HOSPITAL INPATIENT TOTAL	3	35		39,550.00		1130.00	.005			6.12
HSC HOSPITALS	3	35		39,550.00		1130.00	.005			6.12
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000			.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000			.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000			.00
ALL OTHER INPATIENT	0	0		.00		.00	.000			.00
	0	42								
CO HOSP OUTPATIENT TOTAL	8			733.00		17.45	.006			.11
MEDICAL	3	7		238.16		34.02	.001	79.39		.04
SURGERY	0	0		.00		.00	.000			.00
PATHOLOGY	1	8		82.41		10.30	.001			.01
RADIOLOGY	0	0		.00		.00	.000			.00
ROOM USE	3	7		256.37		36.62	.001	85.46		.04
CROSSOVERS/ALL OTH OUTPTNT	5	20		156.06		7.80	.003			.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E		МОИТН						PΖ	GE 6,563
MOP024	FEE-FOR-SERVICE/DENTAL		11014111	OF THIRTHING I	01(1	1 1 010 02110 2		220 2001		03/14/05
MARIN COUNTY		MEDICATIV	MEEDV	- DIGNDIED						03/14/03
LIVITIN COONII	SUMMARY OF SERVICES FOR	. мертсатрі	MEENI	ΝΙΘΜΟΠΕΝ			,	MONTUIV AUEDA	CE	

		OR DAYS OF CARE	1		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	758	4,246	\$	1,111,349.89	\$	261.74	-		1466.16		171.88
COMM HOSP INPATIENT TOTAL	109	623	т.	943,584.34	,	1514.58	.096	-	8656.74	т	145.93
HSC HOSPITALS	54	542		851,281.00		1570.63	.084		15764.46		131.65
NON-HSC HOSPITALS TOTAL	17	81		50,123.76		618.81	.013		2948.46		7.75
ACCOMMODATIONS	17	81		23,452.55		289.54	.013		1379.56		3.63
ADMINISTRATIVE DAYS	1	3		346.95		115.65	.000		346.95		.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	16	78		23,105.60		296.23	.012		1444.10		3.57
ANCILLARIES	17	0		26,671.21		.00	.000		1568.89		4.12
INPATIENT CROSSOVERS	48	0		42,179.58		.00	.000		878.74		6.52
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	680	3,623		167,765.55		46.31	.560		246.71		25.95
MEDICAL	123	233		9,584.13		41.13	.036		77.92		1.48
SURGERY	34	41		2,446.28		59.67	.006		71.95		.38
PATHOLOGY	139	834		9,722.42		11.66	.129		69.95		1.50
	117	315					.049		418.47		7.57
RADIOLOGY ROOM USE	168	253		11,039.21		155.43 43.63	.039		65.71		1.71
CROSSOVERS/ALL OTH OUTPTNT	482	1,947		86,012.20		44.18	.301		178.45		13.30
	402	1,947	\$		\$.00	.000	ċ	.00	ċ	.00
@STATE HOSPITAL MENTALLY ILL	0	0	Ą		ş			Ą	.00	ې	
	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	•		ċ		Ċ			ċ		ċ	
@NURSING FACILITY LEV A-INTERMEDIATE	437 9	14,099	\$	1,807,878.07	Þ	128.23		Þ	4137.02 2569.57	Þ	279.60
	71	366		23,126.16		63.19	.057				3.58
LEV B-REHAB MD	0	2,436		320,684.30		131.64	.377		4516.68		49.60
LEV B-SUBACUTE FREESTANDING	12	0 352		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED				142,000.32		403.41	.054		11833.36		21.96
LEV B-TRANSITIONAL IP CARE	0	10.045		.00		.00	.000		.00		.00
LEV B-REGULAR	346 396 394	10,945	<u> </u>		<u> </u>		1.693	<u> </u>	3821.00	<u>^</u>	204.46
@INTERMEDIATE CARE FACILDD	396	12,971	\$			149.11		Ş	4883.97	Ş	
ICF DDH	394	12,853		1,912,535.25		148.80	1.988		4854.15		295.78
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0 2 75	118	<u> </u>	21,515.35	<u>^</u>	182.33	.018		10757.68	<u>^</u>	3.33
@HEMODIALYSIS TOTAL	75	2,941	\$		Þ	46.49		Þ	1823.17	Þ	21.15
HOSPITAL BASED	0 75	0		.00		.00	.000		.00		.00
	/5	2,941		136,738.04			.455		1823.17		21.15
@REHABILITATION FACILITY	59	1,311	\$	-	\$			۶	307.63	Ş	2.81
HOSPITAL BASED	3	5		172.83		34.57	.001		57.61		.03
INDEPENDENT FACILITY	56	1,306		17,977.05		13.76	.202		321.02		2.78
@LABORATORY FACILITY	289	1,756	\$	21,906.16	\$	12.48	.272	۶	75.80	Ş	3.39
PATHOLOGY	264	1,684		19,902.78		11.82	.260		75.39		3.08
XO AND OTHERS	29	72	<u> </u>	2,003.38	<u>^</u>	27.82	.011	<u>^</u>	69.08	<u>^</u>	.31
@ORGANIZED OUTPATIENT CLINIC	510	898	\$	52,155.79	\$			\$	102.27	Ş	8.07
CLINIC	75	240		3,970.35		16.54	.037		52.94		.61
SURGICENTER	6 2	6		1,006.45		167.74	.001		167.74		.16
HEROIN DETOX CLINIC		20		261.65		13.08	.003		130.83		.04
RURAL HEALTH CLINIC		632		46,917.34							7.26
			RES .	MONTH-OF-PAYMENT RI	EPOR'	I FOR JAN	2004 THRU	DEC	2004	P	AGE 6,564
	FEE-FOR-SERVICE										03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	ıLY.	NEEDY - DISABLED						C D	
6 466 ELICIDIES	HCEDC	INTER OF CERTICE	,	EADENDIMIDEC	71 17 1	EDACE COOM	M				
6,466 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
GALL OMHED DDOMEDC	C75	OR DAYS OF CARE		230,893.29	PEI	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	675	69,049	Ş		Þ			Þ	342.06	Þ	
DURABLE MED. EQUIP.	66 0	347		48,822.31		140.70	.054		739.73		7.55
BLOOD BANK	U	U		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	2	2		265.00)	132.50	.000	132.50	.04
MEDICAL TRANSPORTATION	100	1,009		11,886.27	,	11.78	.156	118.86	1.84
AMBULANCES/AIR TRANS	84	844		11,122.47	,	13.18	.131	132.41	1.72
OTHER TRANS	7	247		517.30)	2.09	.038	73.90	.08
OTHER SERVICES	9	82C1	R	246.50)	3.01CR	.013C	R 27.39	.04
ACUPUNCTURE	5	21		373.05	·)	17.76	.003	74.61	.06
ADULT DAY HEALTH CARE CTR	21	289		20,119.06	5	69.62	.045	958.05	3.11
GENETIC DISEASE TESTING	1	1		57.00)	57.00	.000	57.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	9	107		4,811.23	3	44.96	.017	534.58	.74
OCCUPATIONAL THERAPIST	0	0		.00)	.00	.000	.00	.00
OPTICIAN	74	282		3,722.45)	13.20	.044	50.30	.58
PHYSICAL THERAPIST	1	10		105.20)	10.52	.002	105.20	.02
PORTABLE X-RAY	10	12		118.04		9.84	.002	11.80	.02
PROSTHETIST/ORTHOTISTS	8	29		3,244.64		111.88	.004	405.58	.50
PROSTHETICS	8	29		3,244.64		111.88	.004	405.58	.50
ORTHOTICS	0	0		.00)	.00	.000	.00	.00
PSYCHOLOGIST	2	4		82.92		20.73	.001	41.46	.01
SPEECH AND AUDIOLOGY	55	221		8,975.84		40.61	.034	163.20	1.39
HOSPICE SERVICES	19	330		39,382.50)	119.34	.051	2072.76	6.09
NONINST BIRTHING CENTERS	0	0		.00)	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	88	6 , 183		70,433.72		11.39	.956	800.38	10.89
EPSDT SUPPLEMENTAL SERVICE	0	0		.00)	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00)	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00)	.00	.000	.00	.00
ALL OTHER PROVIDERS	269	60 , 202		18,494.06		.31	9.311	68.75	2.86
@CALIF. CHILDREN SERVICES*	96	2,926	\$	48,037.98			.453		•
@XOVER EXCLUDING STATE HOSP**	1,212	6 , 557	\$	175 , 891.62	\$	26.83	1.014	\$ 145.13	\$ 27.20

 $[\]ensuremath{\text{@}} \star$ totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,565 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

THICH COOKIT	BOILING OF BEILV	TODO TOTO TELEFORIE	TT 14			M	ייינו (רו	HIV ZVEDZ	CF	
75,660 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				_	T PER
75,000 EDIGIBLES	OSEKS	OR DAYS OF CARE		EXFENDITORES	PER UNIT/DAY			USER		GIBLE
@TOTAL, ALL PROVIDERS	26 003	132,114	\$	8,994,013.51	\$ 68.08	1.746		344.69		18.87
ADDIVITION CERTIFICES	26,093 8,160	19,321	\$		\$ 61.95	.255		146.69		15.82
@PHYSICIANS SERVICES	5,254		Ą				Ą		Ą	
OUTPATIENT VISITS		6,530		281,100.35	43.05	.086		53.50		3.72
OFFICE VISITS	2,424	3,046		101,576.43	33.35	.040		41.90		1.34
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	2,865	3,217		167,409.81	52.04	.043		58.43		2.21
PREVENTIVE CARE	10	10		412.85	41.29	.000		41.29		.01
OB VISITS/COMPRE PERI	68	162		8,597.14	53.07	.002		126.43		.11
OTHER OUTPATIENT	83	95		3,104.12	32.67	.001		37.40		.04
INPATIENT VISITS	369	1,360		79,340.16	58.34	.018		215.01		1.05
HOSPITAL VISITS	349	1,136		49,099.43	43.22	.015		140.69		.65
CRITICAL CARE	46	223		30,168.63	135.29	.003		655.84		.40
SNF/ICF/TRANS IP CARE	1	1		72.10	72.10	.000		72.10		.00
OPHTHALMOLOGICAL SERVICES	197	253		10,284.72	40.65	.003		52.21		.14
EXAMINATIONS	197	253		10,284.72	40.65	.003		52.21		.14
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	367	2,581		135,778.65	52.61	.034		369.97		1.79
PRINCIPAL SURGEON	178	231		79,904.27	345.91	.003		448.90		1.06
ASSISTANT SURGEON	33	33		5,703.95	172.85	.000		172.85		.08
ANESTHESIOLOGIST	191	2,317		50,170.43	21.65	.031		262.67		.66
OUTPATIENT SURGERY	1,073	2,061		246,102.30	119.41	.027		229.36		3.25
PRINCIPAL SURGEON	971	1,266		225,453.07	178.08	.017		232.19		2.98
ASSISTANT SURGEON	6	6		856.23	142.71	.000		142.71		.01
ANESTHESIOLOGIST	136	789		19,793.00	25.09	.010		145.54		.26
DIALYSIS	9	13		2,925.52	225.04	.000		325.06		.04
PATHOLOGY	483	1,090		9,112.85	8.36	.014		18.87		.12
RADIOLOGY	2,089	3,066		95,669.04	31.20	.041		45.80		1.26
PSYCHIATRY	1	1		44.30	44.30	.000		44.30		.00
IMMUNIZATION AND INJECTION	73	149		1,864.94	12.52	.002		25.55		.02
OTHER SERVICES/ALL X-OVERS	1,126	2,217		334,748.90	150.99	.029		297.29		4.42
@PHARMACY	10,187	30,549	\$	-	\$ 45.92	.404	Ċ		Ċ	18.54
PRESCRIPTION DRUGS	10,050	21,724	Ų	1,339,513.27	61.66	.287	۲	137.70		17.70
	23	136		15,041.02				653.96		.20
SNF/ICF				1 224 472 25	110.60	.002 .285				.20 17.51
OUTPATIENTS	10,030	21,588		1,324,472.25	61.35			132.05		
MEDICAL SUPPLIES	421 2 , 701	8,825	Ċ	63,207.09	7.16	.117	ć	150.14	Ċ	.84
@DENTIST	2,701	9,789	\$		\$ 28.56	.129	Ş	103.51	Ş	3.70
VISITS - DIAGNOSTIC	2,049	6,951		111,520.13	16.04	.092		54.43		1.47
ORAL SURGERY	277	501		27,871.50	55.63	.007		100.62		.37
DRUGS	67	78		1,781.25	22.84	.001		26.59		.02
ANESTHESIA	5	5		500.00	100.00	.000		100.00		.01
PERIODONTICS	39	41		3,748.37	91.42	.001		96.11		.05
ENDODONTICS	150	212		30,937.00	145.93	.003		206.25		.41
RESTORATIVE DENTISTRY	839	1,840		93,732.30	50.94	.024		111.72		1.24
PROSTHETICS	9	9		270.00	30.00	.000		30.00		.00
DENTURES, STAYPLATES	18	70		5,072.00	72.46	.001		281.78		.07
SPACE MAINTAINERS	20	25		2,200.00	88.00	.000		110.00		.03
MAXILLOFACIAL SERVICES	6	8		257.50	32.19	.000		42.92		.00
FRACTURES, DISLOCATIONS	1	1		700.00	700.00	.000		700.00		.01
ORTHODONTIC SERVICES	22	23		770.00	33.48	.000		35.00		.01
ALL OTHER SERVICES	43	25		225.00	9.00	.000		5.23		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE		2004 THRU	DEC	2004	PAGE	6.566

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,566 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

MARIN COUNTY	SUMMARY OF SERV	VICES FOR MEDICAL	LY NI	EEDY - FAMILIES			.,	0375		~ =	
75 660 51 16151 56									'HLY AVERA	GE	
75,660 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
0.0000000000000000000000000000000000000	075	OR DAYS OF CARE		16 560 00		R UNIT/DAY			USER	<u> </u>	ELIGIBLE
@OPTOMETRIST	275	671	\$	16,560.82	\$	24.68	.009	\$	60.22	Ş	.22
DIAGNOSTIC AND ANC. PROCED	215	234		9,742.02		41.63	.003		45.31		.13
EYE APPLIANCES	146	431		6,665.09		15.46	.006		45.65		.09
OTHER OPTOMETRIC SERVICES	6	6	ć	153.71	Ċ	25.62	.000	Ċ	25.62	_	.00
@CHIROPRACTOR	1	2	\$	33.44	\$.000	Þ	33.44	Þ	.00
VISITS	1	2		33.44		16.72	.000		33.44		.00
OTHER SERVICES	0	0	<u> </u>	.00	<u>^</u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@PODIATRIST	37	47	\$		\$.001	Ş	41.94	Ş	.02
MEDICINE/INJECTIONS	34	40		1,326.39		33.16	.001		39.01		.02
SURGERY/ANES.	4	5		190.63		38.13	.000		47.66		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.00
OTHER	0	0	_	.00	_	.00	.000	_	.00	_	.00
@HOME HEALTH AGENCY	383	648	Ş	34,907.12	\$	53.87	.009		91.14		.46
NURSE ANESTHESIST	1	3	Ş	80.00	\$	26.67		\$	80.00	\$.00
NURSE MIDWIFE	6	40	Ş	1,465.67	\$	36.64	.001		244.28	\$.02
PEDIATRIC NURSE PRACTITIONER		0	Ş		\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	_ 1	4	Ş	28.83	\$	7.21	.000		28.83	\$.00
@TOTAL HOSPITAL	5,449	19,715	Ş	4,098,436.01	Ş	207.88	.261	Ş	752.14	Ş	54.17
HOSP INPATIENT TOTAL	662	2,122		3,542,394.59		1669.37	.028		5351.05		46.82
HSC HOSPITALS	607	1,940		3,247,563.56		1674.00	.026		5350.19		42.92
NON-HSC HOSPITAL TOTAL	55	182		291,809.07		1603.35	.002		5305.62		3.86
ACCOMMODATIONS	54	182		104,182.61		572.43	.002		1929.31		1.38
ADMINISTRATIVE DAYS	5	13		2,949.08		226.85	.000		589.82		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	49	169		101,233.53		599.01	.002		2065.99		1.34
ANCILLARIES	54	0		187,626.46		.00	.000		3474.56		2.48
INPATIENT CROSSOVERS	4	0		3,021.96		.00	.000		755.49		.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,108	17 , 593		556,041.42		31.61	.233		108.86		7.35
MEDICAL	1,002	1 , 557		89,157.85		57.26	.021		88.98		1.18
SURGERY	464	731		22,602.51		30.92	.010		48.71		.30
PATHOLOGY	1,479	5 , 678		62,332.65		10.98	.075		42.15		.82
RADIOLOGY	1,649	2,162		155,877.07		72.10	.029		94.53		2.06
ROOM USE	3,296	3,890		149,838.01		38.52	.051		45.46		1.98
CROSSOVERS/ALL OTH OUTPTNT		3 , 575		76,233.33		21.32	.047		39.98		1.01
@COUNTY HOSPITAL TOTAL	57	291	\$,	\$	103.70	.004	\$	529.43	\$.40
CO HOSPITAL INPATIENT TOTAL	6	16		21,996.84		1374.80	.000		3666.14		.29
HSC HOSPITALS	5	14		16,635.02		1188.22	.000		3327.00		.22
NON-HSC HOSPITALS TOTAL	1	2		5,361.82		2680.91	.000		5361.82		.07
ACCOMMODATIONS	1	2		1,231.20		615.60	.000		1231.20		.02
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,231.20		615.60	.000		1231.20		.02
ANCILLARIES	1	0		4,130.62		.00	.000		4130.62		.05
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	53	275		8,180.56		29.75	.004		154.35		.11
MEDICAL	13	16		544.09		34.01	.000		41.85		.01
SURGERY	18	24		803.80		33.49	.000		44.66		.01
PATHOLOGY	23	100		1,704.16		17.04	.001		74.09		.02
RADIOLOGY	10	21		866.25		41.25	.000		86.63		.01
ROOM USE	31	58		3,153.08		54.36	.001		101.71		.04

CROSSOVERS/ALL OTH OUTPTNT 23 56 1,109.18 19.81 .001 48.23 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,567

03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,568 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

75,660 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARI		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,629	8 , 577	\$ 158,546.81			\$ 97.33	
DURABLE MED. EQUIP.	87	163	18 , 687.85	114.65		214.80	.25
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	68	4,626.38	68.04	.001	385.53	.06
MEDICAL TRANSPORTATION	278	2 , 057		19.51		144.34	
AMBULANCES/AIR TRANS	278	2,053	34,715.90	16.91	.027	124.88	.46
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	4	5,409.88	1352.47	.000	1352.47	.07
ACUPUNCTURE	35	103	1,790.73	17.39	.001	51.16	.02
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	140	140	14,676.00	104.83	.002	104.83	.19
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	304	956	11,012.12	11.52	.013	36.22	.15
PHYSICAL THERAPIST	1	4	56.10	14.03	.000	56.10	.00
PORTABLE X-RAY	1	2	60.26	30.13	.000	60.26	.00
PROSTHETIST/ORTHOTISTS	48	160	26 , 882.55	168.02	.002	560.05	.36
PROSTHETICS	47	159	26,786.05	168.47	.002	569.92	.35
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8	391.64	48.96	.000	97.91	.01
HOSPICE SERVICES	2	8	1,271.28	158.91	.000	635.64	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	699	3,774	38,189.16	10.12	.050	54.63	.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	1,134	776.96	.69	.015	20.45	.01
@CALIF. CHILDREN SERVICES*	262	2,070	\$ 634,333.04	\$ 306.44	.027	\$ 2421.12	\$ 8.38
@XOVER EXCLUDING STATE HOSP**	74	211	\$ 12,757.30	\$ 60.46	.003	\$ 172.40	\$.17

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,569
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

THINKIN COONTI	DOLLINICI OL DELIC	VICED FOR HEDICA	TT 111						
						MC	NTHLY AVERA	GE -	
93,438 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	40,607	577 , 054	\$	32,343,129.93	\$ 56.05	6.176	\$ 796.49	\$	346.15
@PHYSICIANS SERVICES	10,539	27 , 284	\$	1,475,732.23	\$ 54.09	.292	\$ 140.03	\$	15.79
OUTPATIENT VISITS	5 , 775	7,276		316,416.32	43.49	.078	54.79		3.39
OFFICE VISITS	2,772	3 , 518		117,910.16	33.52	.038	42.54		1.26
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	3,055	3,461		185,531.52	53.61	.037	60.73		1.99
PREVENTIVE CARE	10	10		412.85	41.29	.000	41.29		.00
OB VISITS/COMPRE PERI	68	162		8,597.14	53.07	.002	126.43		.09
OTHER OUTPATIENT	109	125		3,964.65	31.72	.001	36.37		.04
INPATIENT VISITS	560	2,485		133,152.17	53.58	.027	237.77		1.43
HOSPITAL VISITS	512	2,120		90,121.14	42.51	.023	176.02		.96
CRITICAL CARE	66	324		41,805.93	129.03	.003	633.42		.45
SNF/ICF/TRANS IP CARE	27	41		1,225.10	29.88	.000	45.37		.01
OPHTHALMOLOGICAL SERVICES	258	322		13,161.03	40.87	.003	51.01		.14

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	258	322	13,161.03	40.87	.0	03	51.01	.14
SERVICES AND MATERIALS	0	0	.00	.00	.0	00	.00	.00
INPATIENT HOSPITAL SURGERY	426	3,023	168,744.73	55.82	.0	32	396.11	1.81
PRINCIPAL SURGEON	221	317	104,417.82	329.39	.0	03	472.48	1.12
ASSISTANT SURGEON	37	37	6,672.67	180.34	.0	00	180.34	.07
ANESTHESIOLOGIST	215	2,669	57,654.24	21.60	.0	29	268.16	.62
OUTPATIENT SURGERY	1,185	2,341	269,098.33	114.95	.0	25	227.09	2.88
PRINCIPAL SURGEON	1,054	1,373	244,059.14	177.76	.0	15	231.56	2.61
ASSISTANT SURGEON	6	6	856.23	142.71	.0	00	142.71	.01
ANESTHESIOLOGIST	168	962	24,182.96	25.14	.0	10	143.95	.26
DIALYSIS	46	109	17,568.36	161.18	.0	01	381.92	.19
PATHOLOGY	564	1,405	11,363.73	8.09	.0	15	20.15	.12
RADIOLOGY	2,440	3,898	134,895.27	34.61	.0	42	55.28	1.44
PSYCHIATRY	1	1	44.30	44.30	.0	00	44.30	.00
IMMUNIZATION AND INJECTION	100	209	7,642.25	36.57	.0	02	76.42	.08
OTHER SERVICES/ALL X-OVERS	2 , 729	6,215	403,645.74	64.95	.0	67	147.91	4.32
@PHARMACY	21,302	169,918	\$ 6,500,667.45	\$	1.8	19	\$ 305.17	\$ 69.57
PRESCRIPTION DRUGS	21,007	73 , 909	6,361,581.45	86.07	.7	91	302.83	68.08
SNF/ICF	3,281	21,806	1,758,778.81	80.66	.2	33	536.05	18.82
OUTPATIENTS	17 , 897	52,103	4,602,802.64	88.34	. 5	58	257.18	49.26
MEDICAL SUPPLIES	1,127	96,009	139,086.00	1.45	1.0	28	123.41	1.49
@DENTIST	3,698	12,653	\$ 395,342.20	\$ 31.24	.1	35	\$ 106.91	\$ 4.23
VISITS - DIAGNOSTIC	2,800	8,826	145,909.79	16.53	.0	94	52.11	1.56
ORAL SURGERY	377	856	44,242.45	51.69	.0	09	117.35	.47
DRUGS	68	79	1,781.25	22.55	.0	01	26.19	.02
ANESTHESIA	6	6	600.00	100.00	.0	00	100.00	.01
PERIODONTICS	95	102	11,122.61	109.05	.0	01	117.08	.12
ENDODONTICS	176	243	36,440.00	149.96	.0	03	207.05	.39
RESTORATIVE DENTISTRY	1,002	2,153	109,312.85	50.77	.0	23	109.09	1.17
PROSTHETICS	18	19	500.00	26.32	.0	00	27.78	.01
DENTURES, STAYPLATES	110	265	41,280.75	155.78	.0	03	375.28	.44
SPACE MAINTAINERS	20	25	2,200.00	88.00	.0	00	110.00	.02

MAXILLOFACIAL SERVICES	6	8	257.50	32.19	.000	42.92	.00
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.000	700.00	.01
ORTHODONTIC SERVICES	22	23	770.00	33.48	.000	35.00	.01
ALL OTHER SERVICES	67	47	225.00	4.79	.001	3.36	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 6,570
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
MARIN COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - TOTAL				

MAKIN COUNTI	SOMMANI OF SERV	TCES FOR MEDICAL	TT 1/	ILEDI IOIAL			Mo	חתר	HIV AMERA	CF	
93,438 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z\ 7.7	ERAGE COST				LOLI	COST PER
93 , 430 EDIGIDEES	OSERS	OR DAYS OF CARE		EXTENDITORES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	375	923	\$	22,610.78	\$.010		60.30	Ś	.24
DIAGNOSTIC AND ANC. PROCED	249	269	۲	11,306.61	۲	42.03	.003	Ψ	45.41	7	.12
EYE APPLIANCES	214	634		10,674.44		16.84	.003		49.88		.11
OTHER OPTOMETRIC SERVICES	19	20		629.73		31.49	.000		33.14		.01
@CHIROPRACTOR	1	2	\$		\$.000	Ċ	33.44	Ċ	.00
VISITS	1	2	Y	33.44	Ÿ	16.72	.000	Y	33.44	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	407	540	\$		\$	9.32	.006	Ċ	12.36	Ċ	.05
MEDICINE/INJECTIONS	45	51	Y	1,700.29	Ÿ	33.34	.001	Y	37.78	Y	.02
SURGERY/ANES.	5	6		393.16		65.53	.000		78.63		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.00
OTHER	358	481		2,902.21		6.03	.005		8.11		.03
	432		ċ	•	ċ			ċ		ċ	
@HOME HEALTH AGENCY	432	4,874	\$	117,383.87	\$.052		271.72 80.00		1.26
NURSE ANESTHESIST	6	3	\$	80.00	\$	26.67	.000			\$.00
NURSE MIDWIFE		4 0 0	\$	1,465.67	\$	36.64	.000			\$.02
PEDIATRIC NURSE PRACTITIONER	2	5	\$.00	Ş	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER			\$	31.59	\$	6.32	.000		15.80		.00
@TOTAL HOSPITAL	6 , 878	27,712	\$		Ş	206.67	.297	Ş	832.68	Ş	61.29
HOSP INPATIENT TOTAL	883	2,992		4,868,027.96		1627.01	.032		5513.06		52.10
HSC HOSPITALS	714	2,722		4,430,423.88		1627.64	.029		6205.08		47.42
NON-HSC HOSPITAL TOTAL	77	270		349,811.19		1295.60	.003		4543.00		3.74
ACCOMMODATIONS	76	270		131,063.00		485.42	.003		1724.51		1.40
ADMINISTRATIVE DAYS	6	16		3,296.03		206.00	.000		549.34		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	70	254		127,766.97		503.02	.003		1825.24		1.37
ANCILLARIES	76	0		218,748.19		.00	.000		2878.27		2.34
INPATIENT CROSSOVERS	108	0		87,792.89		.00	.000		812.90		.94
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6 , 380	24,720		859,150.99		34.76	.265		134.66		9.19
MEDICAL	1,264	2,000		108,098.43		54.05	.021		85.52		1.16
SURGERY	529	808		26,518.58		32.82	.009		50.13		.28
PATHOLOGY	1,772	7,215		81,076.58		11.24	.077		45.75		.87
RADIOLOGY	1,936	2,868		259 , 774.89		90.58	.031		134.18		2.78
ROOM USE	3,600	4,317		167,869.91		38.89	.046		46.63		1.80
CROSSOVERS/ALL OTH OUTPTNT		7,512		215,812.60		28.73	.080		78.91		2.31
@COUNTY HOSPITAL TOTAL	65	368	\$		\$	191.47		\$	1084.01	\$.75
CO HOSPITAL INPATIENT TOTAL	9	51		61,546.84		1206.80	.001		6838.54		.66
HSC HOSPITALS	8	49		56,185.02		1146.63	.001		7023.13		.60
NON-HSC HOSPITALS TOTAL	1	2		5,361.82		2680.91	.000		5361.82		.06
ACCOMMODATIONS	1	2 0		1,231.20		615.60	.000		1231.20		.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0 2		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,231.20		615.60	.000		1231.20		.01
ANCILLARIES	1	0		4,130.62		.00	.000		4130.62		.04
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	61	317	8,913.56	28.12	.003	146.12	.10
MEDICAL	16	23	782.25	34.01	.000	48.89	.01
SURGERY	18	24	803.80	33.49	.000	44.66	.01
PATHOLOGY	24	108	1,786.57	16.54	.001	74.44	.02
RADIOLOGY	10	21	866.25	41.25	.000	86.63	.01
ROOM USE	34	65	3,409.45	52.45	.001	100.28	.04
CROSSOVERS/ALL OTH OUTPTNT	28	76	1,265.24	16.65	.001	45.19	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN	2004 THRU D	EC 2004	PAGE 6,571
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
MARIN COUNTY	SUMMARY OF SERVICES F	OR MEDICALLY	NEEDY - TOTAL				

MARIN COUNTY	SUMMARI OF SER	VICES FOR MEDICAL	ıLI IV	EEDI - IOIAL			M	\sim NTT	רטדע <i>אוו</i> רטא	CE	
93,438 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	7. 7.7	ERAGE COST				1GE	COST PER
93,430 ELIGIBLES	OSERS	OR DAYS OF CARE		EXPENDITORES		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,826	27,344	\$	5,656,718.55	\$.293			Ċ	60.54
COMM HOSP INPATIENT TOTAL	876	2,941	Ą	4,806,481.12	Ą	1634.30	.031	Ą	5486.85	Ą	51.44
HSC HOSPITALS	708	2,673		4,374,238.86		1636.45	.029		6178.30		46.81
	708										
NON-HSC HOSPITALS TOTAL		268		344,449.37		1285.26	.003		4532.23		3.69
ACCOMMODATIONS	75	268		129,831.80		484.45	.003		1731.09		1.39
ADMINISTRATIVE DAYS	6	16		3,296.03		206.00	.000		549.34		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	69	252		126,535.77		502.13	.003		1833.85		1.35
ANCILLARIES	75	0		214,617.57		.00	.000		2861.57		2.30
INPATIENT CROSSOVERS	108	0		87 , 792.89		.00	.000		812.90		.94
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6,331	24,403		850,237.43		34.84	.261		134.30		9.10
MEDICAL	1,251	1,977		107,316.18		54.28	.021		85.78		1.15
SURGERY	511	784		25,714.78		32.80	.008		50.32		.28
PATHOLOGY	1,748	7,107		79,290.01		11.16	.076		45.36		.85
RADIOLOGY	1,927	2,847		258,908.64		90.94	.030		134.36		2.77
ROOM USE	3,568	4,252		164,460.46		38.68	.046		46.09		1.76
CROSSOVERS/ALL OTH OUTPINT		7,436		214,547.36		28.85	.080		79.17		2.30
@STATE HOSPITAL	0	, 0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	3,741	115,925	\$	12,991,901.88	\$	112.07	1.241	Ś		Ś	139.04
LEV A-INTERMEDIATE	19	701	Ψ	43,340.06	т	61.83	.008	Τ.	2281.06	т	.46
LEV B-REHAB MD	72	2,441		321,409.60		131.67	.026		4464.02		3.44
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	12	352		142,000.32		403.41	.004		11833.36		1.52
LEV B SOBACOTE HISTIE BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-TRANSTITIONAL IF CARE LEV B-REGULAR	3,639	112,431		12,485,151.90		111.05	1.203		3430.93		133.62
@INTERMEDIATE CARE FACILDD	417	13,586	\$	2,025,179.22	ċ	149.06		ċ	4856.54	ċ	21.67
ICF DDH	417	13,468	Ą	2,023,179.22 2,003,663.87	Ą	148.77	.144	Ą	4828.11	Ą	21.67
	413	-									
ICF DD	2	0		.00		.00	.000		.00		.00
ICF DDN/DDCN		118	<u> </u>	21,515.35	<u> </u>	182.33	.001	<u> </u>	10757.68	<u> </u>	.23
@HEMODIALYSIS TOTAL	127	5,084	\$	235,182.98	\$	46.26		Ş	1851.83	\$	2.52
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	127 91	5,084	_	235,182.98	_	46.26	.054	_	1851.83	_	2.52
		1,591	\$	23,469.55	\$	14.75	.017	Ş		Ş	.25
HOSPITAL BASED	19	65		2,253.89		34.68	.001		118.63		.02
INDEPENDENT FACILITY	72	1,526		21,215.66		13.90	.016		294.66		.23
@LABORATORY FACILITY	3,444	17 , 039	\$	171,752.75	\$	10.08	.182	\$		\$	1.84
PATHOLOGY	3 , 376	16,868		165,665.60		9.82	.181		49.07		1.77
XO AND OTHERS	84	171		6,087.15		35.60	.002		72.47		.07
@ORGANIZED OUTPATIENT CLINIC	10,735	30,155	\$	1,740,315.84	\$	57.71	.323	\$		\$	18.63
CLINIC	2,899	18,449		346,159.75		18.76	.197		119.41		3.70

SURGICENTER 11 19 2,133.97 112.31 .000 194.00 .02 .001 HEROIN DETOX CLINIC 8 137 1,567.02 11.44 195.88 .02 RURAL HEALTH CLINIC 8,107 11,550 1,390,455.10 120.39 . 124 171.51 14.88 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,572 03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

MONIBILL A VED VCE

						MC	NTHLY AVERA	GE
93,438 ELIGIBLES	USERS	UNITS OF SERVICE	EXP	ENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3,163	149,720 \$	91	09,771.27	\$ 6.08	1.602	\$ 287.63	\$ 9.74
DURABLE MED. EQUIP.	198	968		94,900.84	98.04	.010	479.30	1.02
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	30	95		8,519.51	89.68	.001	283.98	.09
MEDICAL TRANSPORTATION	441	3,596	!	58,278.07	16.21	.038	132.15	.62
AMBULANCES/AIR TRANS	399	3 , 191	!	50,583.12	15.85	.034	126.77	.54
OTHER TRANS	24	416		1,651.41	3.97	.004	68.81	.02
OTHER SERVICES	23	11CR		6,043.54	549.41CR	.000	262.76	.06
ACUPUNCTURE	45	139		2,428.70	17.47	.001	53.97	.03
ADULT DAY HEALTH CARE CTR	161	2,405	1	64,092.94	68.23	.026	1019.21	1.76
GENETIC DISEASE TESTING	141	141		14,733.00	104.49	.002	104.49	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	157	636		48,080.47	75.60	.007	306.25	.51
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	486	1,610		19,541.91	12.14	.017	40.21	.21
PHYSICAL THERAPIST	2	14		161.30	11.52	.000	80.65	.00
PORTABLE X-RAY	57	81		291.72	3.60	.001	5.12	.00
PROSTHETIST/ORTHOTISTS	58	192		30,331.97	157.98	.002	522.97	.32
PROSTHETICS	57	191		30,235.47	158.30	.002	530.45	.32
ORTHOTICS	1	1		96.50	96.50	.000	96.50	
PSYCHOLOGIST	5	9		227.57	25.29	.000	45.51	.00
SPEECH AND AUDIOLOGY	107	325		17,511.10	53.88	.003	163.66	.19
HOSPICE SERVICES	102	2 , 978	31	01,110.75	101.11	.032	2952.07	3.22
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	791	10,270	1:	12,998.16	11.00	.110	142.85	1.21
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	503	126,261		36,563.26		1.351	72.69	
@CALIF. CHILDREN SERVICES*	359	4,999 \$		•	\$ 136.51	.054		
@XOVER EXCLUDING STATE HOSP**	2,780	25,310 \$	53	26,645.93	\$ 20.81	.271	\$ 189.44	\$ 5.64
0* TOTALS IN THESE LINES ARE GIV	EN AS A SEPARA	TE INFORMATION ITEM	A ONLY:					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,573
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----6,445 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 3,209 18,578 \$ 757,279.57 \$ 40.76 2.883 \$ 235.99 \$ 117.50 594 .220 \$ 98.65 \$ 9.09 @PHYSICIANS SERVICES 1,420 Ś 58,599.04 \$ 41.27 524 21,970.78 41.93 .081 52.94 3.41 OUTPATIENT VISITS 415 .038 OFFICE VISITS 193 247 8,080.37 32.71 41.87 1.25 0 .00 .00 0 .00 .000 .00 HOME VISITS 50.67 230 265 13,426.36 58.38 EMERGENCY ROOM .041 2.08 .000 .00 0 0 .00 .00 PREVENTIVE CARE Ω OB VISITS/COMPRE PERI Ω .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INBATIENT VISITES 33	OTHER OUTPATIENT	9	12		464.05		38.67	.002		51.56		.07
HOSPITAL VISITS	INPATIENT VISITS	33	87				94.00	.013		247.83		1.27
CRITICAL CARE CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRI		31	60				53.32	.009		103.20		.50
OPHITHALMOLOGICAL SERVICES 24 30 1,260,36 42,01 .005 52,52 .20 EXAMINATIONS 24 30 1,260,36 42,01 .005 52,52 .20 SERVICES AND MATERIALS 0 0 0 .00	CRITICAL CARE	2	27		4,979.01			.004		2489.51		.77
OPHITHALMOLOGICAL SERVICES 24 30 1,260,36 42,01 .005 52,52 .20 EXAMINATIONS 24 30 1,260,36 42,01 .005 52,52 .20 SERVICES AND MATERIALS 0 0 .00	SNF/ICF/TRANS IP CARE	0			.00		.00	.000				.00
EXAMINATIONS 24 30 1,260.36 42.01 .005 52.52 .20		24	30		1,260.36		42.01	.005		52.52		.20
SERVICES AND MATERIALS 0	EXAMINATIONS		30		1,260.36		42.01	.005		52.52		.20
PRINCIPAL SURGEON 1 1 1 6 6,479.01 404.94 .002 589.00 1.01 ASSISTANT SURGEON 1 1 1 344.82 344.82 .005 344.82 .005 ANESTHESIOLOGIST 8 289 2.407.05 8.33 .045 300.88 .37 OUTPATIENT SURGENY 57 99 8.955.47 90.46 .015 157.11 1.39 PRINCIPAL SURGEON 51 64 7,768.24 121.38 .010 152.32 1.21 ASSISTANT SURGEON 1 1 1 1.63.81 163.81 .000 163.81 .03 ANESTHESIOLOGIST 6 34 1.023.42 30.10 .005 170.57 .16 DIALYSIS 0 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 34 62 322.90 5.21 .010 9.50 .05 PATHOLOGY 121 195 4,66.45 25.44 .030 41.00 9.50 .05 PATHOLOGY 121 195 4,60.45 25.44 .030 41.00 .77 PSICHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 1 1 1 5.45 5.45 .000 5.45 .00 OTHER SERVICES/ALL X-OVERS 56 116 3.714.50 32.02 .018 66.33 .58 PRESCRIPTION DRUGS 882 1,535 105,224.66 \$10.66 1.532 \$117.18 \$16.33 SNF/ICF 2 6 376.73 62.79 .001 188.37 .06 OUTPATIENTS 880 1,529 102,139.37 66.80 .237 116.07 15.85 MEDICAL SUPPLIES 25 8,340 2,708.56 .32 1.294 108.34 4.2 VISITS - DIAGNOSTIC 173 783 12,576.40 16.06 .121 72.70 1.95 CRAIL SURGEON 1 1 1 1 1 18.00 118.00 .000 128.97 .34 PRESCRIPTICE 1 2 2 2 2 0.00 0 10.00 .000 .00 .00 .00 PATHENTS 1 2 1 39 2,749.00 70.49 .006 130.90 .43 DRUGS 1 1 1 1 1 18.00 118.00 .000 128.97 .34 PRESCRIPTICE DENTISTY 66 162 7,206.00 44.48 .025 109.18 1.12 PRESTORATIVE DENTISTRY 66 162 7,206.00 44.48 .025 109.18 1.12 PRESTORATIVE DENTISTRY 66 162 7,206.00 44.48 .025 109.18 1.12 PRESTORATIVE DENTISTRY 66 162 7,206.00 44.48 .025 109.18 1.12 PRESTORATIVE DENTISTRY 66 162 7,206.00 44.48 .025 109.18 1.12 PRESTORATIVE DENTISTRY 66 162 7,206.00 44.48 .025 109.18 1.12 PRESTORATIVE DENTISTRY 66 162 7,206.00 44.48 .025 109.18 1.12 PRESTORATIVE DENTISTRY 66 162 7,206.00 44.48 .025 109.18 1.12 PRESTORATIVE DENTISTRY 66 162 7,206.00 44.48 .025 109.18 1.12 PRESTORATIVE DENTISTRY 66 162 7,206.00 44.48 .025 109.18 1.12 PRESTORATIVE DENTISTRY 66 162 7,206.00 44.48 .025 109.18 1.12 PRESTORATIVE DENTISTRY 66 162 7,206.00 44.48 .025 109.18 1.12 PRESTORATIVE DENTISTRY 66 162 7,206.00 44.48 .025 109.18 1.12 PRESTORATIVE DENTISTRY	SERVICES AND MATERIALS	0	0					.000				
PRINCIPAL SURGEON 1 1 1 6 6,479.01 404.94 .002 589.00 1.01 ASSISTANT SURGEON 1 1 1 344.82 344.82 .000 344.82 .05 ANESTHESIOLGIST 8 289 2,407.05 8.33 .045 300.88 .37 OUTPATIENT SURGERY 57 99 8,955.47 90.46 .015 157.11 1.39 PRINCIPAL SURGEON 51 64 7,768.24 121.38 .010 152.32 1.21 ASSISTANT SURGEON 1 1 1 1 163.81 163.81 .000 163.81 .03 ANESTHESIOLGIST 6 34 1.023.42 30.10 .005 170.57 .16 DIALYSIS 0 0 0 0 .00 .00 .000 .000 .000 .000	INPATIENT HOSPITAL SURGERY	17	306		9,230.88							
IMMUNIZATION AND INJECTION 1	PRINCIPAL SURGEON	11	16		6,479.01		404.94	.002		589.00		1.01
IMMUNIZATION AND INJECTION 1	ASSISTANT SURGEON	1	1		344.82		344.82	.000				.05
IMMUNIZATION AND INJECTION 1	ANESTHESIOLOGIST	8	289		2,407.05		8.33	.045		300.88		.37
IMMUNIZATION AND INJECTION 1	OUTPATIENT SURGERY	57	99		8,955.47			.015		157.11		1.39
IMMUNIZATION AND INJECTION 1	PRINCIPAL SURGEON	51	64					.010		152.32		1.21
IMMUNIZATION AND INJECTION 1	ASSISTANT SURGEON	1	1									
IMMUNIZATION AND INJECTION 1	ANESTHESIOLOGIST	6	34		1,023.42		30.10	.005		170.57		.16
IMMUNIZATION AND INJECTION 1	DIALYSIS	0	0				.00	.000		.00		.00
IMMUNIZATION AND INJECTION 1	PATHOLOGY	34	62		322.90		5.21	.010		9.50		.05
IMMUNIZATION AND INJECTION 1	RADIOLOGY	121	195		4,960.45		25.44	.030		41.00		.77
OTHER SERVICES/ALL X-OVERS	PSYCHIATRY	0	0				.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	IMMUNIZATION AND INJECTION	1	1					.000		5.45		.00
RESCRIPTION DRUGS	OTHER SERVICES/ALL X-OVERS	56	116		3,714.50		32.02	.018		66.33		.58
RESCRIPTION DRUGS	@PHARMACY	898	9,875	\$	105,224.66	\$	10.66	1.532	\$	117.18	\$	16.33
VISITS - DIAGNOSTIC 173 783 12,576.40 16.06 .121 72.70 1.95 ORAL SURGERY 21 39 2,749.00 70.49 .006 130.90 .43 DRUGS 3 3 75.00 25.00 .000 25.00 .01 ANESTHESIA 2 2 2 200.00 100.00 .000 100.00 .03 PERIODONTICS 1 1 118.00 118.00 .000 118.00 .02 ENDODONTICS 17 21 2,192.50 104.40 .003 128.97 .34 RESTORATIVE DENTISTRY 66 162 7,206.00 44.48 .025 109.18 1.12 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 SPACE MAINTAINERS 1 2 240.00 120.00 .00 .00 SPACE MAINTAINERS 1 47.50 47.50 .000 47.50 .01 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 ORTHODONTIC SERVICES 8 9 1,300.00 144.44 .001 162.50 .20	PRESCRIPTION DRUGS	882	1,535		102,516.10		66.79	.238		116.23		15.91
VISITS - DIAGNOSTIC 173 783 12,576.40 16.06 .121 72.70 1.95 ORAL SURGERY 21 39 2,749.00 70.49 .006 130.90 .43 DRUGS 3 3 75.00 25.00 .000 25.00 .01 ANESTHESIA 2 2 2 200.00 100.00 .000 100.00 .03 PERIODONTICS 1 1 118.00 118.00 .000 118.00 .02 ENDODONTICS 17 21 2,192.50 104.40 .003 128.97 .34 RESTORATIVE DENTISTRY 66 162 7,206.00 44.48 .025 109.18 1.12 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 SPACE MAINTAINERS 1 2 240.00 120.00 .00 .00 SPACE MAINTAINERS 1 47.50 47.50 .000 47.50 .01 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 ORTHODONTIC SERVICES 8 9 1,300.00 144.44 .001 162.50 .20	SNF/ICF	2	. 6		376.73		62.79	.001		188.37		.06
VISITS - DIAGNOSTIC 173 783 12,576.40 16.06 .121 72.70 1.95 ORAL SURGERY 21 39 2,749.00 70.49 .006 130.90 .43 DRUGS 3 3 75.00 25.00 .000 25.00 .01 ANESTHESIA 2 2 2 200.00 100.00 .000 100.00 .03 PERIODONTICS 1 1 118.00 118.00 .000 118.00 .02 ENDODONTICS 17 21 2,192.50 104.40 .003 128.97 .34 RESTORATIVE DENTISTRY 66 162 7,206.00 44.48 .025 109.18 1.12 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 SPACE MAINTAINERS 1 2 240.00 120.00 .00 .00 .00 MAXILLOFACIAL SERVICES 1 1 1 47.50 47.50 .000 47.50 .01 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 ORTHODONTIC SERVICES 8 9 1,300.00 144.44 .001 162.50 .20	OUTPATIENTS	880	1,529		102,139.37		66.80	.237		116.07		15.85
VISITS - DIAGNOSTIC 173 783 12,576.40 16.06 .121 72.70 1.95 ORAL SURGERY 21 39 2,749.00 70.49 .006 130.90 .43 DRUGS 3 3 75.00 25.00 .000 25.00 .01 ANESTHESIA 2 2 2 200.00 100.00 .000 100.00 .03 PERIODONTICS 1 1 118.00 118.00 .000 118.00 .02 ENDODONTICS 17 21 2,192.50 104.40 .003 128.97 .34 RESTORATIVE DENTISTRY 66 162 7,206.00 44.48 .025 109.18 1.12 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 SPACE MAINTAINERS 1 2 240.00 120.00 .00 .00 .00 MAXILLOFACIAL SERVICES 1 1 1 47.50 47.50 .000 47.50 .01 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 ORTHODONTIC SERVICES 8 9 1,300.00 144.44 .001 162.50 .20	MEDICAL SUPPLIES	25			2,708.56		.32	1.294		108.34		.42
VISITS - DIAGNOSTIC 173 783 12,576.40 16.06 .121 72.70 1.95 ORAL SURGERY 21 39 2,749.00 70.49 .006 130.90 .43 DRUGS 3 3 75.00 25.00 .000 25.00 .01 ANESTHESIA 2 2 2 200.00 100.00 .000 100.00 .03 PERIODONTICS 1 1 118.00 118.00 .000 118.00 .02 ENDODONTICS 17 21 2,192.50 104.40 .003 128.97 .34 RESTORATIVE DENTISTRY 66 162 7,206.00 44.48 .025 109.18 1.12 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 SPACE MAINTAINERS 1 2 240.00 120.00 .00 .00 SPACE MAINTAINERS 1 47.50 47.50 .000 47.50 .01 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 ORTHODONTIC SERVICES 8 9 1,300.00 144.44 .001 162.50 .20	@DENTIST	215	1,031	\$	26,704.40	\$	25.90	.160	\$	124.21	\$	4.14
PROSTHETICS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	VISITS - DIAGNOSTIC	173	783		12,576.40		16.06	.121		72.70		1.95
PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ORAL SURGERY	21			2,749.00		70.49	.006		130.90		.43
PROSTHETICS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DRUGS	3	3		75.00		25.00	.000		25.00		.01
PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANESTHESIA	2	2		200.00		100.00	.000		100.00		.03
PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PERIODONTICS	1	1		118.00		118.00	.000		118.00		.02
PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ENDODONTICS	17	21		2,192.50		104.40	.003		128.97		.34
ORTHODONITE SERVICES 0 9 1,300.00 144.44 .001 102.30 .20	RESTORATIVE DENTISTRY	66	162		7,206.00		44.48	.025		109.18		1.12
ORTHODONITE SERVICES 0 9 1,300.00 144.44 .001 102.30 .20	PROSTHETICS	0			.00		.00	.000		.00		.00
ORTHODONITE SERVICES 0 9 1,300.00 144.44 .001 102.30 .20	DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
ORTHODONITE SERVICES 0 9 1,300.00 144.44 .001 102.30 .20	SPACE MAINTAINERS	1	2		240.00		120.00	.000		240.00		.04
ORTHODONITE SERVICES 0 9 1,300.00 144.44 .001 102.30 .20	MAXILLOFACIAL SERVICES	1	1		47.50		47.50	.000		47.50		.01
ORTHODONITE SERVICES 0 9 1,300.00 144.44 .001 102.30 .20	FRACTURES, DISLOCATIONS	0			.00		.00	.000		.00		.00
	ORTHODONTIC SERVICES	0			1,300.00		144.44	.001		162.50		.20
ALL OTHER SERVICES 3 8 .00 .00 .001 .00 .00	ALL OTHER SERVICES	3	8		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,574	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES N	MONTH-OF-PAYMENT RI	EPOR:	T FOR JAN	2004 THRU	DEC	2004	P	
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05	MOP024	FEE-FOR-SERVICE/DEN	ITAL									03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	MARIN COUNTY	SUMMARY OF SERVICES	FOR MIC -	NO SC	OC 03 04 2A 45 4A	4K 41	M 5K 7T 82	8E 8W				

							MC	NTHL	Y AVERA	GΕ	
6,445 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	CO	ST PER		COST PER
		OR DAYS OF CARE	1		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	14	27	\$	836.17	\$	30.97	.004	\$	59.73	\$.13
DIAGNOSTIC AND ANC. PROCED	13	14		570.41		40.74	.002		43.88		.09
EYE APPLIANCES	5	13		265.76		20.44	.002		53.15		.04
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	26.18	\$	26.18	.000	\$	26.18	\$.00

MEDICINE/INJECTIONS	1	1	26.18	26.18	.000	26.18	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	4	\$ 254.71	\$ 63.68	.001	\$ 84.90	\$.04
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	3	\$ 120.42	\$ 40.14	.000	\$ 40.14	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	405	1,355	\$ 213,035.66	\$ 157.22	.210	\$ 526.01	\$ 33.05
HOSP INPATIENT TOTAL	32	116	173,257.29	1493.60	.018	5414.29	26.88
HSC HOSPITALS	30	108	163,986.04	1518.39	.017	5466.20	25.44
NON-HSC HOSPITAL TOTAL	2	8	9,271.25	1158.91	.001	4635.63	1.44
ACCOMMODATIONS	2	8	4,813.92	601.74	.001	2406.96	.75
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	4,813.92	601.74	.001	2406.96	.75
ANCILLARIES	2	0	4,457.33	.00	.000	2228.67	.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	384	1,239	39,778.37	32.11	.192	103.59	6.17
MEDICAL	77	105	5,182.58	49.36	.016	67.31	.80
SURGERY	23	28	1,619.36	57.83	.004	70.41	.25
PATHOLOGY	110	462	5,273.12	11.41	.072	47.94	.82
RADIOLOGY	113	140	12,911.08	92.22	.022	114.26	2.00
ROOM USE	277	329	12,346.16	37.53	.051	44.57	1.92
CROSSOVERS/ALL OTH OUTPINT	101	175	2,446.07	13.98	.027	24.22	.38
@COUNTY HOSPITAL TOTAL	7	49	\$ 25,853.81	\$ 527.63	.008	\$ 3693.40	\$ 4.01
CO HOSPITAL INPATIENT TOTAL	1	22	24,860.00	1130.00	.003	24860.00	3.86
HSC HOSPITALS	1	22	24,860.00	1130.00	.003	24860.00	3.86
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINITORDARIUS DAVO	0	0	0.0	0.0	000	0.0	0.0
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	27	993.81	36.81	.004	165.64	.15
MEDICAL	2	9	427.71	47.52	.001	213.86	.07
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	3	102.76	34.25	.000	34.25	.02
ROOM USE	5	11	422.52	38.41	.002	84.50	.07
CROSSOVERS/ALL OTH OUTPINT	2	4	40.82	10.21	.001	20.41	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 6,575
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					03/14/05
MARIN COUNTY	SUMMARY OF SERVICES	FOR MIC - NO S	OC 03 04 2A 45 4A 4K 4M	5K 7T 82	2 8E 8W		
					MONT	HLY AVERAC	GE

6,445 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	-	OST PER
0,113 111011110	ODLIND	OR DAYS OF CARE		EXTENDITORES	PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	399	1,306	\$	187,181.85	\$ 143.32	.203			29.04
COMM HOSP INPATIENT TOTAL	31	94	τ	148,397.29	1578.69	.015	4787.01	Ψ	23.03
HSC HOSPITALS	29	86		139,126.04	1617.74	.013	4797.45		21.59
NON-HSC HOSPITALS TOTAL	2	8		9,271.25	1158.91	.001	4635.63		1.44
ACCOMMODATIONS	2	8		4,813.92	601.74	.001	2406.96		.75
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	2	8		4,813.92	601.74	.001	2406.96		.75
ANCILLARIES	2	0		4,457.33	.00	.000	2228.67		.69
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	379	1,212		38,784.56	32.00	.188	102.33		6.02
MEDICAL	75	96		4,754.87	49.53	.015	63.40		.74
SURGERY	23	28		1,619.36	57.83	.004	70.41		.25
PATHOLOGY	110	462		5,273.12	11.41	.072	47.94		.82
RADIOLOGY	110	137		12,808.32	93.49	.021	116.44		1.99
ROOM USE	273	318		11,923.64	37.50	.049	43.68		1.85
CROSSOVERS/ALL OTH OUTPINT	99	171		2,405.25	14.07	.027	24.30		.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	20	174	\$	2,487.76	\$ 14.30	.027	124.39	\$.39
HOSPITAL BASED	1	2		62.28	31.14	.000	62.28		.01

INDEPENDENT FACILITY	19	172		2,425.48		14.10	.027		127.66		.38
@LABORATORY FACILITY	145	434	\$	5,718.95	\$	13.18	.067	\$	39.44	\$.89
PATHOLOGY	145	434		5,718.95		13.18	.067		39.44		.89
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,705	3,004	\$	326,992.61	\$	108.85	.466	\$	191.78	\$	50.74
CLINIC	110	496		12,433.64		25.07	.077		113.03		1.93
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	1	21		240.98		11.48	.003		240.98		.04
RURAL HEALTH CLINIC	1,599	2,487		314,317.99		126.38	.386		196.57		48.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	REPOR'	T FOR JAN	2004 THRU	DEC	2004	PA	AGE 6,576
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERVI	CES FOR MIC -	NO SO	C 03 04 2A 45 4A	4K 4I	м 5к 7т 82	8E 8W				
							M	IONT	HLY AVERA	GE -	
6,445 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER

					MO	NTHLY AVERA	GE
6,445 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	122	1,250 \$	17,279.01	\$ 13.82	.194	\$ 141.63	\$ 2.68
DURABLE MED. EQUIP.	4	4	389.58	97.40	.001	97.40	.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	31	247	5,965.52	24.15	.038	192.44	.93
AMBULANCES/AIR TRANS	31	246	4,165.52	16.93	.038	134.37	.65
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.28
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	54	605.56	11.21	.008	37.85	.09
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	8	1,357.35	169.67	.001	678.68	.21
PROSTHETICS	2	8	1,357.35	169.67	.001	678.68	.21
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	30	1,029.12	34.30	.005	128.64	.16
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	58	904	7,810.86	8.64	.140	134.67	1.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	16.02	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	62	773 \$	90,246.07	\$ 116.75	.120	\$ 1455.58	\$ 14.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,577 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MARIN COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

1111(11) 0001(11	COLUMNIC OF CEICLE	020 1010 1110 000		1110 0000	0.0		
					MON	THLY AVERAG	E
47 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	94	623 \$	127,205.73	\$ 204.18	13.255 \$	1353.25	\$ 2706.50
@PHYSICIANS SERVICES	36	200 \$	9,435.34	\$ 47.18	4.255 \$	262.09	\$ 200.75

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	18	23		1,187.07		51.61	.489		65.95		25.26
OFFICE VISITS	2	3		158.67		52.89	.064		79.34		3.38
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	16	19		1,013.92		53.36	.404		63.37		21.57
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	1	1		14.48		14.48	.021		14.48		.31
INPATIENT VISITS	7	80		5,196.16		64.95	1.702		742.31		110.56
HOSPITAL VISITS	7	63		3,340.38		53.02	1.340		477.20		71.07
CRITICAL CARE	3	17		1,855.78		109.16	.362		618.59		39.48
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	5	50		1,274.69		25.49	1.064		254.94		27.12
PRINCIPAL SURGEON	2	2		306.03		153.02	.043		153.02		6.51
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	48		968.66		20.18	1.021		322.89		20.61
OUTPATIENT SURGERY	3	3		246.02		82.01	.064		82.01		5.23
PRINCIPAL SURGEON	3	3		246.02		82.01	.064		82.01		5.23
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	ĺ	3		48.10		16.03	.064		48.10		1.02
RADIOLOGY	12	26		800.36		30.78	.553		66.70		17.03
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	11	15		682.94		45.53	.319		62.09		14.53
@PHARMACY	3	4	\$	467.36	\$	116.84	.085	Ś	155.79	Ś	9.94
PRESCRIPTION DRUGS	3	4	Τ.	467.36	Ψ	116.84	.085	т	155.79	Τ.	9.94
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	3	4		467.36		116.84	.085		155.79		9.94
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	19	44	\$	161.00	\$	3.66	.936	\$	8.47	Ś	3.43
VISITS - DIAGNOSTIC	17	37	٧	83.00	Y	2.24	.787	Ψ	4.88	۲	1.77
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	Δ	6		78.00		13.00	.128		19.50		1.66
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	1	1		.00		.00	.021		.00		.00
MAXILLOFACIAL SERVICES	<u> </u>	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
•	0	0		.00		.00					.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0	0				.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			י סידור								
			(E)	MONIH-OF-PAIMENI R	EPOR1	. FOR JAN 2	2004 IRO .	DEC	2004	P	AGE 6,578
MOP024 MARIN COUNTY	FEE-FOR-SERVICE	/DENTAL ICES FOR MIC - S	200			AID CODE	0.3				03/14/05
MARIN COUNTI	SUMMARI OF SERV	ICES FOR MIC = 3	50C				M		UIV AUDDA	CE	
47 ELIGIBLES	USERS	IINITTO OF OFDITO	7	EXPENDITURES	7/17						
41 ETTGIDES	CALCO	OR DAYS OF CARE		PVEFINITIONES		R UNIT/DAY					ELIGIBLE
@OPTOMETRIST	0	OR DAIS OF CARE		.00			.000				.00
DIAGNOSTIC AND ANC. PROCED	0	0	Ą	.00	Ą	.00	.000	ې	.00	Ą	.00
DIAGNOSTIC AND ANC. FRUCED	U	U		.00		.00	.000		.00		.00

EVE ADDITANCES	0	0		0.0		0.0	0.00		0.0		0.0
EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	ċ	.00	\$.00	.000	\$.00	Ċ	.00
VISITS	0	0	\$.00	Ą	.00	.000	Ą	.00	Ą	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$		\$.00
MEDICINE/INJECTIONS	0	0	ې	.00	Ą		.000	٧	.00	ې	
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		.00
OTHER @HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	۶ \$.00	.000	۶ \$.00	۶ \$.00
NURSE MIDWIFE	0	0	\$.00	۶ \$.00		۶ \$.00	۶ \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	ې د	.00	ې خ	.00	.000	۶ \$.00	۶ \$.00
	0	0	۶ \$.00	۶ \$.00	.000	۶ \$.00	۶ \$.00
FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	29	232	۶ \$	111,323.08	ې خ	479.84	4.936		838.73		2368.58
	10	63	Ş	-	Ą				681.00	Ą	
HOSP INPATIENT TOTAL	10	63		106,810.00		1695.40	1.340				2272.55
HSC HOSPITALS	0			106,810.00		1695.40	1.340	10	681.00		2272.55
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	•			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	•	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	20	169		4,513.08		26.70	3.596		225.65		96.02
MEDICAL	7	15		406.51		27.10	.319		58.07		8.65
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	12	78		764.98		9.81	1.660		63.75		16.28
RADIOLOGY	14	27		2,152.23		79.71	.574		153.73		45.79
ROOM USE	16	21		711.89		33.90	.447		44.49		15.15
CROSSOVERS/ALL OTH OUTPTNT	12	28		477.47		17.05	.596		39.79		10.16
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	U	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	U	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	U	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	Ü	0		.00		.00	.000		.00		.00
RADIOLOGY	Ü	0		.00		.00	.000		.00		.00
ROOM USE	U	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	- DC-	.00	.000	DEC -	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES MOI	NTH-OF-PAYMENT RE	≟POR'	T FOR JAN 2	2004 THRU	DEC 2	004	PA	AGE 6,579
MOP024	FEE-FOR-SERVICE/DENT					3 TD	0.0				03/14/05
MARIN COUNTY	SUMMARY OF SERVICES	FOR MIC - S	SOC			AID CODE		0.1E		C =	
47 FITCIBLES	HCEDC HINTE	IC OF CEDITOR	,	EADENDIMIDEC	71 7 7	EDACE COCE	M			-	COUR DED

	OR DAYS OF CARE	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL 29	232	\$	111,323.08	\$ 479.84	4.936	\$ 3838.73	\$ 2368.58
COMM HOSP INPATIENT TOTAL 10	63		106,810.00	1695.40	1.340	10681.00	2272.55
HSC HOSPITALS 10	63		106,810.00	1695.40	1.340	10681.00	2272.55
NON-HSC HOSPITALS TOTAL 0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS 0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE 0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM 0	0		.00	.00	.000	.00	.00
ANCILLARIES 0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS 0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT 0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL 20	169		4,513.08	26.70	3.596	225.65	96.02
MEDICAL 7	15		406.51	27.10	.319	58.07	8.65
SURGERY 0	0		.00	.00	.000	.00	.00
PATHOLOGY 12	78		764.98	9.81	1.660	63.75	16.28
RADIOLOGY 14	27		2,152.23	79.71	.574	153.73	45.79
ROOM USE 16	21		711.89	33.90	.447	44.49	15.15
CROSSOVERS/ALL OTH OUTPTNT 12	28		477.47	17.05	.596	39.79	10.16
@STATE HOSPITAL 0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL 0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED 0	0		.00	.00	.000	.00	.00
@NURSING FACILITY 0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE 0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD 0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING 0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED 0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE 0	0		.00	.00	.000	.00	.00
LEV B-REGULAR 0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD 0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH 0	0		.00	.00	.000	.00	.00
ICF DD 0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	13	43 \$	3,151.70	\$	73.30	.915	\$	242.44	\$	67.06
CLINIC	5	27	1,129.37		41.83	.574		225.87		24.03
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	8	16	2,022.33		126.40	.340		252.79		43.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 200	4 THRU	DEC	2004	PA	GE 6,580
MOP024	FEE-FOR-SERVICE/DENT	AL								03/14/05
MARIN COUNTY	SUMMARY OF SERVICES	FOR MIC - SOC			AID CODE 83	}				
						M	ONTH	HLY AVERA	GE -	

47 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 11 100 2,667.25 26.67 2.128 \$ 242.48 \$ 56.75 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 .00 .00 0 .00 .000 BLOOD BANK .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 2,157.43 26.63 1.723 269.68 45.90 882.43 11.03 1.702 110.30 AMBULANCES/AIR TRANS 18.78 .00 .000 .00 OTHER TRANS .00 .00 1,275.00 OTHER SERVICES 1275.00 .021 1275.00 27.13 .00 .00 ACUPUNCTURE .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 OPTICIAN PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 247.29 82.43 247.29 PROSTHETIST/ORTHOTISTS .064 247.29 82.43 .064 247.29 5.26 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 LOCAL EDUCATION AGENCIES 16 262.53 16.41 .340 131.27 5.59 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 . 00 . 00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 0 .00 .00 .00 .000 . 00 87,703.62 1.809 \$ 21925.91 @CALIF. CHILDREN SERVICES* \$ 1031.81 1866.03 \$.00 \$.000 \$.00 \$ @XOVER EXCLUDING STATE HOSP** .00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

						Mo	ONTE	HLY AVERA	GE	
6,492 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAY	S (COST PER	C	OST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	3,303	19,201 \$	\$	884,485.30	\$ 46.06	2.958	\$	267.78	\$	136.24
@PHYSICIANS SERVICES	630	1,620 \$	5	68,034.38	\$ 42.00	.250	\$	107.99	\$	10.48
OUTPATIENT VISITS	433	547		23,157.85	42.34	.084		53.48		3.57
OFFICE VISITS	195	250		8,239.04	32.96	.039		42.25		1.27
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	246	284		14,440.28	50.85	.044		58.70		2.22
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		.00
OTHER OUTPATIENT	10	13		478.53	36.81	.002		47.85		.07
INPATIENT VISITS	40	167		13,374.41	80.09	.026		334.36		2.06
HOSPITAL VISITS	38	123		6,539.62	53.17	.019		172.10		1.01
CRITICAL CARE	5	44		6,834.79	155.34	.007		1366.96		1.05
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	24	30		1,260.36	42.01	.005		52.52		.19
EXAMINATIONS	24	30		1,260.36	42.01	.005		52.52		.19
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	22	356		10,505.57	29.51	.055		477.53		1.62
PRINCIPAL SURGEON	13	18		6,785.04	376.95	.003		521.93		1.05
ASSISTANT SURGEON	1	1		344.82	344.82	.000		344.82		.05
ANESTHESIOLOGIST	11	337		3,375.71	10.02	.052		306.88		.52
OUTPATIENT SURGERY	60	102		9,201.49	90.21	.016		153.36		1.42
PRINCIPAL SURGEON	54	67		8,014.26	119.62	.010		148.41		1.23
ASSISTANT SURGEON	1	1		163.81	163.81	.000		163.81		.03
ANESTHESIOLOGIST	6	34		1,023.42	30.10	.005		170.57		.16
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	35	65		371.00	5.71	.010		10.60		.06
RADIOLOGY	133	221		5,760.81	26.07	.034		43.31		.89
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		5.45	5.45	.000		5.45		.00
OTHER SERVICES/ALL X-OVERS	67	131		4,397.44	33.57	.020		65.63		.68
@PHARMACY	901	9,879	5		\$ 10.70	1.522	Ś		Ś	16.28
PRESCRIPTION DRUGS	885	1,539	٢	102,983.46	66.92	.237	۲	116.37	Y	15.86
SNF/ICF	2	6		376.73	62.79	.001		188.37		.06
OUTPATIENTS	883	1,533		102,606.73	66.93	.236		116.20		15.81
MEDICAL SUPPLIES	25	8,340		2,708.56	.32	1.285		108.34		.42
@DENTIST	234	1,075	3		\$ 24.99	.166	Ś	114.81	Ś	4.14
VISITS - DIAGNOSTIC	190	820	٢	12,659.40	15.44	.126	۲	66.63	Y	1.95
ORAL SURGERY	21	39		2,749.00	70.49	.006		130.90		.42
DRUGS	3	3		75.00	25.00	.000		25.00		.01
ANESTHESIA	2	2		200.00	100.00	.000		100.00		.03
PERIODONTICS	1	1		118.00	118.00	.000		118.00		.02
ENDODONTICS	17	21		2,192.50	104.40	.003		128.97		.34
RESTORATIVE DENTISTRY	70	168		7,284.00	43.36	.026		104.06		1.12
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00		.00
SPACE MAINTAINERS	2	3		240.00	80.00	.000		120.00		.04
MAXILLOFACIAL SERVICES	1	1		47.50	47.50	.000		47.50		.01
FRACTURES, DISLOCATIONS	0	Û		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	8	9		1,300.00	144.44	.001		162.50		.20
ALL OTHER SERVICES	3	8		.00	.00	.001		.00		.00
#CALLE DEDT OF HEALTH SERV		CES VND EADENULLIBES	MON!				DEC		DΔ(F 6 582

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,582 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

							M	ONT	HLY AVERA	GE.	
6,492 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	14	27	\$	836.17	\$	30.97	.004	\$	59.73	\$.13
DIAGNOSTIC AND ANC. PROCED	13	14		570.41		40.74	.002		43.88		.09
EYE APPLIANCES	5	13		265.76		20.44	.002		53.15		.04
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	26.18	\$	26.18	.000	S		\$.00
MEDICINE/INJECTIONS	1	1	Ψ	26.18	٧	26.18	.000	۲	26.18	٧	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
	3		Ċ		Ċ			ċ		ċ	
@HOME HEALTH AGENCY	0	4 0	\$	254.71	\$	63.68	.001		84.90	\$.04
NURSE ANESTHESIST	3	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	3	\$	120.42	\$	40.14	.000	\$	40.14	\$.02
PEDIATRIC NURSE PRACTITIONER	U	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	434	1,587	\$	324,358.74	\$	204.38	.244	Ş	747.37	\$	49.96
HOSP INPATIENT TOTAL	42	179		280,067.29		1564.62	.028		6668.27		43.14
HSC HOSPITALS	40	171		270,796.04		1583.60	.026		6769.90		41.71
NON-HSC HOSPITAL TOTAL	2	8		9,271.25		1158.91	.001		4635.63		1.43
ACCOMMODATIONS	2	8		4,813.92		601.74	.001		2406.96		.74
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	8		4,813.92		601.74	.001		2406.96		.74
ANCILLARIES	2	0		4,457.33		.00	.000		2228.67		.69
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	404	1,408		44,291.45		31.46	.217		109.63		6.82
MEDICAL	84	120		5,589.09		46.58	.018		66.54		.86
SURGERY	23	28		1,619.36		57.83	.004		70.41		.25
PATHOLOGY	122	540		6,038.10		11.18	.083		49.49		.93
RADIOLOGY	127	167		15,063.31		90.20	.026		118.61		2.32
ROOM USE	293	350		13,058.05		37.31	.054		44.57		2.01
CROSSOVERS/ALL OTH OUTPTNT	113	203		2,923.54		14.40	.031		25.87		.45
@COUNTY HOSPITAL TOTAL	7	49	\$	25,853.81	\$	527.63		Ś	3693.40	Ś	3.98
CO HOSPITAL INPATIENT TOTAL	1	22		24,860.00		1130.00	.003		24860.00		3.83
HSC HOSPITALS	1	22		24,860.00		1130.00	.003		24860.00		3.83
NON-HSC HOSPITALS TOTAL	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	6	27		993.81		36.81	.004		165.64		.15
MEDICAL	2	9		427.71		47.52	.004		213.86		.07
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	3	3		102.76					34.25		
ROOM USE	5 5	11		422.52		34.25 38.41	.000		84.50		.02 .07
KOOM OSE	J	11		422.32		20.41	.002		04.50		• 0 /

CROSSOVERS/ALL OTH OUTPTNT 2 4 40.82 10.21 .001 20.41 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,583

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

----- MONTHLY AVERAGE -----#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,584 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

6,492 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	133	1,350	\$	19,946.26	\$ 14.78	.208	\$ 149.97	\$ 3.07
DURABLE MED. EQUIP.	4	4		389.58	97.40	.001	97.40	.06
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	39	328		8,122.95	24.77	.051	208.28	1.25
AMBULANCES/AIR TRANS	39	326		5,047.95	15.48	.050	129.43	.78
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		3 , 075.00	1537.50	.000	1537.50	.47
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	16	54		605.56	11.21	.008	37.85	.09
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	11		1,604.64	145.88	.002	534.88	.25
PROSTHETICS	3	11		1,604.64	145.88	.002	534.88	.25
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	30		1,029.12	34.30	.005	128.64	.16
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	60	920		8 , 073.39	8.78	.142	134.56	1.24
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2		16.02	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	66	858	\$	177,949.69	\$ 207.40	.132	\$ 2696.21	\$ 27.41

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,585 MOP024

FEE-FOR-SERVICE/DENTAL MARIN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

MARIN COUNTI	SUMMARI OF SERV	TICES FOR MIA - NO SOC	C = AID PAID PENDI	.NG AID CODE			GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONT	HLY AVERA COST PER	COST PER
00 FILGIBLES	OSERS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		.00	\$.00	.000 \$.00	\$.00
- ,	0	0 \$ 0 \$.00	\$.00	·	.00	\$.00
@PHYSICIANS SERVICES OUTPATIENT VISITS	0	0	.00	.00	.000 \$.000	.00	.00
	0	0				.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
	0	0	.00				
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0				.00	
INPATIENT VISITS	0	0	.00	.00	.000		.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	U	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	U	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	U	0	.00	.00	.000	.00	.00
EXAMINATIONS	U	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	U	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES 0 0 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .000 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .000 .00 0 0 .00 .00 .00 ALL OTHER SERVICES .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,586

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

MARIN COUNTY	SUMMARY OF SER	VICES FOR	MIA - NO	SOC -	- AID PAID PENDI	NG	AID CODE					
								MC				
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS				COST PER
		OR DAYS	OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$		\$.00	.000		.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$		\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$		\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	S		S	.00	.000		.00	Ś	.00
HOSP INPATIENT TOTAL	0		Ō	•	.00		.00	.000	•	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		Ō		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		Õ		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ö		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	Ô		Õ		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		Ö		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		Õ		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		Ö		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		Õ		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	¢	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		0	٧	.00	Y	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
	0		0									
ALL OTHER INPATIENT	U		U		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN 20	004 THRU DEC	2004	PAGE 6,587
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
MARIN COUNTY	SUMMARY OF SERVICES F	OR MIA - NO SC	C - AID PAID PENDING	AID CODE 8	31		

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 .00 \$.00 .000 \$.00 \$.00 .00 .00 COMM HOSP INPATIENT TOTAL .00 .000 .00 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 ANCILLARIES .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 .00 .00 PATHOLOGY .000 .00 .00 RADIOLOGY .00 .000 .00 .00 .00 ROOM USE 0 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT .00 .000 .00 .00 .00 .00 \$ @STATE HOSPITAL .00 \$.000 \$.00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 \$.00 .000 \$.00 \$ @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 .00 .00 .000 .00 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .000 .00 LEV B-REGULAR 0 @INTERMEDIATE CARE FACIL.-DD .00 \$.00 .000 \$.00 \$.00 .00 ICF DDH .00 .000 .00 .00 .00 .00 ICF DD .00 .000 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 .00 \$.000 \$ @HEMODIALYSIS TOTAL .00 .00 \$. 00 .00 .00 .000 .00 HOSPITAL BASED HEMODIALYSIS CENTER 0 .00 .00 .000 .00 .00 .00 .00 .000 \$.00 \$ @REHABILITATION FACILITY . 00 .00 .00 .00 .000 HOSPITAL BASED INDEPENDENT FACILITY .00 .00 .000 .00 .00 .00 .00 \$.00 \$.000 \$ **@LABORATORY FACILITY** . 00 .00 .00 .000 .00 PATHOLOGY 0 XO AND OTHERS .00 .00 .000 .00 .00 .00 .00 \$ @ORGANIZED OUTPATIENT CLINIC .00 .000 \$.00 CLINIC .00 .00 .000 .00 .00

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 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,588 MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81 03/14/05

MARIN COUNTY | SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING | AID CODE | SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING | AID CODE | SUMMARY OF SERVICES | COST PER ----- MONTHLY AVERAGE -----

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,589 MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86 03/14/05

----- MONTHLY AVERAGE -----66 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | COST PER

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	4	186.60	46.65	.061	93.30	2.83
HOSPITAL VISITS	2	4	186.60	46.65	.061	93.30	2.83
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	17	3,710.11	218.24	.258	530.02	56.21
PRINCIPAL SURGEON	6	7	3,292.96	470.42	.106	548.83	49.89
ASSISTANT SURGEON	1	1	186.50	186.50	.015	186.50	2.83
ANESTHESIOLOGIST	1	9	230.65	25.63	.136	230.65	3.49
OUTPATIENT SURGERY	11	18	1,633.81	90.77	.273	148.53	24.75
PRINCIPAL SURGEON	10	11	1,463.33	133.03	.167	146.33	22.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	170.48	24.35	.106	85.24	2.58
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	5	23.34	4.67	.076	11.67	.35
RADIOLOGY	19	23	940.44	40.89	.348	49.50	14.25
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	5	35.53	7.11	.076	17.77	.54
OTHER SERVICES/ALL X-OVERS	5	6	327.05	54.51	.091	65.41	4.96
@PHARMACY	28	60	\$ 1,367.93	\$ 22.80	.909	\$ 48.85	\$ 20.73
PRESCRIPTION DRUGS	28	58	1,156.91	19.95	.879	41.32	17.53
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	28	58	1,156.91	19.95	.879	41.32	17.53
MEDICAL SUPPLIES	1	2	211.02	105.51	.030	211.02	3.20
@DENTIST	4	18	\$ 322.00	\$ 17.89	.273	\$ 80.50	\$ 4.88
VISITS - DIAGNOSTIC	3	15	199.00	13.27	.227	66.33	3.02
ORAL SURGERY	1	1	45.00	45.00	.015	45.00	.68
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	1	1	48.00	48.00	.015	48.00	.73	
PROSTHETICS	1	1	30.00	30.00	.015	30.00	.45	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON'	TH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 6,590	
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05	
MARIN COUNTY	SUMMARY OF SERVICES FO	OR MIA - NO SOC -	- PREGNANT	AID CODE	86			
					MON	THLY AVERAC	GE	
66 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
	OR DA	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	1	1 \$	39.44	\$ 39.44	.015 \$	39.44	\$.60	
DIAGNOSTIC AND ANC. PROCED	1	1	39.44	39.44	.015	39.44	.60	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	

66 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1	1	\$ 39.44	\$ 39.44	.015	\$ 39.44	\$.60
DIAGNOSTIC AND ANC. PROCED	1	1	39.44	39.44	.015	39.44	.60
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	32	189	\$ 40 , 677.82	\$ 215.23	2.864	\$ 1271.18	\$ 616.33
HOSP INPATIENT TOTAL	8	18	35,421.05	1967.84	.273	4427.63	536.68
HSC HOSPITALS	8	18	35 , 421.05	1967.84	.273	4427.63	536.68
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	29	171	5 , 256.77	30.74	2.591	181.27	79.65
MEDICAL	6	10	402.80	40.28	.152	67.13	6.10
SURGERY	3	5	220.83	44.17	.076	73.61	3.35
PATHOLOGY	13	68	734.89	10.81	1.030	56.53	11.13
RADIOLOGY	10	15	1,227.13	81.81	.227	122.71	18.59
ROOM USE	14	27	1,331.72	49.32	.409	95.12	20.18
CROSSOVERS/ALL OTH OUTPINT	17	46	1,339.40	29.12	.697	78.79	20.29
@COUNTY HOSPITAL TOTAL	5	38	\$ 1,156.47	\$ 30.43	.576	\$ 231.29	\$ 17.52
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	Ö	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	38	1,156.47	30.43	.576	231.29	17.52
MEDICAL	1	1	128.57	128.57	.015	128.57	1.95
SURGERY	2	4	120.42	30.11	.061	60.21	1.82
PATHOLOGY	2	10	197.45	19.75	.152	98.73	2.99
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	10	592.40	59.24	.152	148.10	8.98
CROSSOVERS/ALL OTH OUTPTNT	3 4	13	117.63	9.05	.197	39.21	1.78
#CALIF DEPT OF HEALTH SERV	MEDI-CAI SERVIC	ES AND EXPENDITURES MON					PAGE 6,591
MOP024	FEE-FOR-SERVICE		III OF FAIMENT N.	EFORT FOR OAN 2	.004 IIIKO DE	C 2004	03/14/05
MARIN COUNTY		ICES FOR MIA - NO SOC	- DRECNANT	AID CODE	86		03/14/03
MAKIN COUNTI	DOMINANT OF DERV	TCES FOR MIA NO SOC	INDONANI	AID CODE	MON	THIV AVERA	CF
66 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 HIIGIBID	OBEIG	OR DAYS OF CARE	DALDIDITORDO	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28	151 \$	39,521.35	\$ 261.73	2.288 \$		\$ 598.81
COMM HOSP INPATIENT TOTAL	8	18	35,421.05	1967.84	.273	4427.63	536.68
HSC HOSPITALS	8	18	35,421.05	1967.84	.273	4427.63	536.68
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	25	133	4,100.30	30.83	2.015	164.01	62.13
MEDICAL	5	9	274.23	30.47	.136	54.85	4.16
SURGERY	1	1	100.41	100.41	.015	100.41	1.52
PATHOLOGY	12	58	537.44	9.27	.879	44.79	8.14
RADIOLOGY	1.0	15	1,227.13	81.81	.227	122.71	18.59
ROOM USE	11	17	739.32	43.49	.258	67.21	11.20
CROSSOVERS/ALL OTH OUTPINT	14	33	1,221.77	37.02	.500	87.27	18.51
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

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INDEPENDENT FACILITY	0 23	0 64 \$.00 880.71	.00 \$ 13.76	.000 .970 \$.00 38.29	.00 \$ 13.34
@LABORATORY FACILITY	23	64 5	880.71	13.76	.970 \$	38.29	13.34
PATHOLOGY	23	0	.00	.00	.000	.00	.00
XO AND OTHERS	41						
@ORGANIZED OUTPATIENT CLINIC	41 34	202 1	7,769.16	\$ 29.77	3.955 \$	189.49 149.80	\$ 117.71
CLINIC	0	239	5,093.10	21.31	3.621		77.17
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	•	ũ .	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	9	22	2,676.06	121.64	.333	297.34	40.55
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	NTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 6,592
MOP024	FEE-FOR-SERVICE						03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MIA - NO SOC	- PREGNANT	AID CODE			C.T.
	HOEDO	INITEO OF CERTIFOR		317ED30E 000E	MON'		-
66 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS		COST PER
ANTI OMHED DDOMIDEDC	3	OR DAYS OF CARE 4 \$	241.09	PER UNIT/DAY \$ 60.27	.061 \$	USER 80.36	ELIGIBLE \$ 3.65
@ALL OTHER PROVIDERS							
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	U	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	2	128.08	64.04	.030	128.08	1.94
AMBULANCES/AIR TRANS	1	2	128.08	64.04	.030	128.08 128.08	1.94
OTHER TRANS	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.015	105.00	1.59
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OWNER PROMITERS	-	4	0 01	0 01	015	0 01	1.0

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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ALL OTHER PROVIDERS

@CALIF. CHILDREN SERVICES*

@XOVER EXCLUDING STATE HOSP**

8.01

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							MO	NTHLY AVERA	AGE	
66 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	102	687	\$	59,023.90	\$	85.92	10.409	\$ 578.67	\$	894.30
@PHYSICIANS SERVICES	40	90	\$	7,725.75	\$	85.84	1.364	\$ 193.14	\$	117.06

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,593
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

OUTPATIENT VISITS	10	12		868.87	72.41	.182	86.89		13.16
OFFICE VISITS	1	1		68.90	68.90	.015	68.90		1.04
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	5	7		423.18	60.45	.106	84.64		6.41
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	4	4		376.79	94.20	.061	94.20		5.71
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
	2	0							
INPATIENT VISITS	2	4		186.60	46.65	.061	93.30		2.83
HOSPITAL VISITS	2	4		186.60	46.65	.061	93.30		2.83
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	7	17		3,710.11	218.24	.258	530.02		56.21
PRINCIPAL SURGEON	6	7		3,292.96	470.42	.106	548.83		49.89
ASSISTANT SURGEON	1	i		186.50	186.50	.015	186.50		2.83
ANESTHESIOLOGIST	1	9		230.65	25.63	.136	230.65		3.49
	11	18			90.77	.273			24.75
OUTPATIENT SURGERY	10			1,633.81			148.53		
PRINCIPAL SURGEON		11		1,463.33	133.03	.167	146.33		22.17
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	7		170.48	24.35	.106	85.24		2.58
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	2	5		23.34	4.67	.076	11.67		.35
RADIOLOGY	19	23		940.44	40.89	.348	49.50		14.25
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	2	5		35.53	7.11	.076	17.77		.54
OTHER SERVICES/ALL X-OVERS	5	6		327.05	54.51	.091	65.41		4.96
@PHARMACY	28	60	\$	1,367.93	\$ 22.80	.909 \$		Ś	20.73
PRESCRIPTION DRUGS	28	58	Τ	1,156.91	19.95	.879	41.32	т	17.53
SNF/ICF	0	0		.00	.00	.000	.00		.00
	28	58				.879	41.32		17.53
OUTPATIENTS				1,156.91	19.95				
MEDICAL SUPPLIES	1	2	<u> </u>	211.02	105.51	.030	211.02	<u> </u>	3.20
@DENTIST	4	18	\$	322.00	\$ 17.89	.273 \$		Ş	4.88
VISITS - DIAGNOSTIC	3	15		199.00	13.27	.227	66.33		3.02
ORAL SURGERY	1	1		45.00	45.00	.015	45.00		.68
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	1	1		48.00	48.00	.015	48.00		.73
PROSTHETICS	1	1		30.00	30.00	.015	30.00		.45
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
	0								
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000			.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MC	NTH-OF-PAYMENT R	EPORT FOR JAN :	2004 THRU DE	C 2004	PA	GE 6,594
MOP024	FEE-FOR-SERVICE	/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MIA - 1	NO SOC	C - TOTAL					
						MON	ITHLY AVERA	GE -	
66 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CAR		. =-	PER UNIT/DAY		USER		LIGIBLE
@OPTOMETRIST	1	1		39.44		.015 \$.60
DIAGNOSTIC AND ANC. PROCED	1	1	т	39.44	39.44		39.44	т	.60
DIMONOCITO MIND ANG. INCOLD	±	1		JJ. 11	JJ. 11	•010	57.44		• 50

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	32	189	\$ 40,677.82	\$ 215.23	2.864	\$ 1271.18	\$ 616.33
HOSP INPATIENT TOTAL	8	18	35,421.05	1967.84	.273	4427.63	536.68
HSC HOSPITALS	8	18	35,421.05	1967.84	.273	4427.63	536.68
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	29	171	5 , 256.77	30.74	2.591	181.27	79.65
MEDICAL	6	10	402.80	40.28	.152	67.13	6.10
SURGERY	3	5	220.83	44.17	.076	73.61	3.35
PATHOLOGY	13	68	734.89	10.81	1.030	56.53	11.13
RADIOLOGY	10	15	1,227.13	81.81	.227	122.71	18.59
ROOM USE	14	27	1,331.72	49.32	.409	95.12	20.18

CROSSOVERS/ALL OTH OUTPTNT	17	46	1,339.40	29.12	.697	78.79	20.29
@COUNTY HOSPITAL TOTAL	5	38 \$	1,156.47	\$ 30.43	.576	\$ 231.29	\$ 17.52
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	38	1,156.47	30.43	.576	231.29	17.52
MEDICAL	1	1	128.57	128.57	.015	128.57	1.95
SURGERY	2	4	120.42	30.11	.061	60.21	1.82
PATHOLOGY	2	10	197.45	19.75	.152	98.73	2.99
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	10	592.40	59.24	.152	148.10	8.98
CROSSOVERS/ALL OTH OUTPINT	3	13	117.63	9.05	.197	39.21	1.78
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	N 2004 THRU	DEC 2004	PAGE 6,595
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	MIA - NO	SOC - TOTAL				

----- MONTHLY AVERAGE -----66 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 39,521.35 \$ 261.73 2.288 \$ 1411.48 \$ 598.81 @COMMUNITY HOSPITAL TOTAL 28 151 8 18 35,421.05 1967.84 .273 4427.63 COMM HOSP INPATIENT TOTAL 536.68 18 4427.63 35,421.05 1967.84 .273 536.68 HSC HOSPITALS 0 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .00 .00 .00 .00 .000 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .000 .00 .00 ANCILLARIES .000 .00 .00 .00 .00 .00 .000 INPATIENT CROSSOVERS ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 4,100.30 30.83 274.23 30.47 COMM HOSP OUTPATIENT TOTAL 25 133 2.015 164.01 62.13 5 30.47 .136 54.85 MEDICAL 1 1 100.41 100.41 .015 100.41 SURGERY 12 PATHOLOGY 58 537.44 9.27 .879 44.79 8.14 10 15 1,227.13 .227 122.71 RADIOLOGY 81.81 17 11 739.32 43.49 .258 67.21 ROOM USE 11.20 33 1,221.77 CROSSOVERS/ALL OTH OUTPINT 14 37.02 .500 87.27 18.51 .00 \$.00 .00 \$ 0 .000 \$ @STATE HOSPITAL .00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .000 .00 . 00 .00 \$.00 .000 \$.00 \$ @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .00 .00 .000 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .00 .000 .00 .00 .000 LEV B-TRANSITIONAL IP CARE .00 .00 . 00 .00 .00 .000 .00 LEV B-REGULAR 0 .00 \$ @INTERMEDIATE CARE FACIL.-DD .00 .000 \$.00 \$.00 .00 0 .00 ICF DDH .00 .000 .00 ICF DD .00 .00 .000 .00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	23	64	\$	880.71	\$	13.76	.970	\$	38.29	\$	13.34
PATHOLOGY	23	64		880.71		13.76	.970		38.29		13.34
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	41	261	\$	7,769.16	\$	29.77	3.955	\$	189.49	\$	117.71
CLINIC	34	239		5,093.10		21.31	3.621		149.80		77.17
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	22		2,676.06		121.64	.333		297.34		40.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MOI	NTH-OF-PAYMENT I	REPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 6,596
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	MIA - N	O SOC	- TOTAL							

----- MONTHLY AVERAGE -----66 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 3 4 241.09 60.27 .061 \$ 80.36 \$ 3.65 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 .00 BLOOD BANK 0 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 128.08 64.04 .030 128.08 1.94 128.08 128.08 AMBULANCES/AIR TRANS 64.04 .030 1.94 .00 .00 OTHER TRANS .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 105.00 105.00 .015 105.00 1.59 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .00 OPTICIAN .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .00 .00 .00 PROSTHETICS .000 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .00 PSYCHOLOGIST .000 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 0 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 .00 ALL OTHER PROVIDERS 1 8.01 8.01 8.01 .015 .12 \$.00 @CALIF. CHILDREN SERVICES* .00 \$.00 .00 .000 \$.000 \$ @XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

03/14/05

MARIN COUNTY	SUMMARY OF SERV	VICES FOR MIA - SOC -	LTC	AID CODE	53		
					MON'	THLY AVERAC	GE
33 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	66	1,268 \$	138,276.64	\$ 109.05	38.424 \$	2095.10	\$ 4190.20
@PHYSICIANS SERVICES	14	25 \$	1,566.65	\$ 62.67	.758 \$	111.90	\$ 47.47
OUTPATIENT VISITS	3	3	157.58	52.53	.091	52.53	4.78
OFFICE VISITS	2	2	49.50	24.75	.061	24.75	1.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.030	108.08	3.28
PREVENTIVE CARE	<u> </u>	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	6	133.90	22.32	.182	26.78	4.06
HOSPITAL VISITS	0	0		.00	.000	.00	.00
	0	0	.00				.00
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	5 1	6	133.90	22.32	.182	26.78	4.06
OPHTHALMOLOGICAL SERVICES	1	2	84.78	42.39	.061	84.78	2.57
EXAMINATIONS	1	2	84.78	42.39	.061	84.78	2.57
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	3	611.11	203.70	.091	305.56	18.52
PRINCIPAL SURGEON	2	3 0	611.11	203.70	.091	305.56	18.52
ASSISTANT SURGEON	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	8.59	8.59	.030	8.59	.26
RADIOLOGY	3	5	280.48	56.10	.152	93.49	8.50
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5	290.21	58.04	.152	96.74	8.79
@PHARMACY	34	207 \$	21,159.73	\$ 102.22	6.273 \$		
PRESCRIPTION DRUGS	34	207	21,159.73	102.22	6.273	622.35	641.20
SNF/ICF	28	181	19,726.94	108.99	5.485	704.53	597.79
OUTPATIENTS	6	26	1,432.79	55.11	.788	238.80	43.42
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	5	8 \$	338.00	\$ 42.25	.242 \$		
VISITS - DIAGNOSTIC	<u> </u>	6	205.00	34.17	.182	51.25	6.21
ORAL SURGERY	1	1	85.00	85.00	.030	85.00	2.58
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00		.000	.00	.00
	0	0	.00	.00		.00	
ENDODONTICS	1	1			.000		.00
RESTORATIVE DENTISTRY	-	-	48.00	48.00	.030	48.00	1.45
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	Û	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	Ü	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	2004	PAGE 6,598

MARIN COUNTY	SUMMARY OF SER	VICES FOR MIA - S	oc -	LTC		AID CODE					
							M	ONT	HLY AVERA	GE	
33 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	7	\$	133.15	\$	19.02	.212	\$	133.15	\$	4.03
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.030		47.45		1.44
EYE APPLIANCES	_ 1	6		85.70		14.28	.182		85.70		2.60
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Y	.00
VISITS	0										
OTHER SERVICES	U	0		.00		.00	.000		.00		.00
@PODIATRIST	2	3	\$	105.20	\$	35.07	.091	Ş	52.60	Ş	3.19
MEDICINE/INJECTIONS	2	3		105.20		35.07	.091		52.60		3.19
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$	52.50	.061	\$	104.99	\$	3.18
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	11	33	Ċ	1,296.99	Ś	39.30	1.000	Ś	117.91	\$	39.30
HOSP INPATIENT TOTAL	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
	0	0									
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL				.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	11	33		1,296.99		39.30	1.000		117.91		39.30
MEDICAL	2	2		147.44		73.72	.061		73.72		4.47
SURGERY	1	1		83.53		83.53	.030		83.53		2.53
PATHOLOGY	7	16		162.84		10.18	.485		23.26		4.93
RADIOLOGY	3	7		511.20		73.03	.212		170.40		15.49
ROOM USE	3	6		372.23		62.04	.182		124.08		11.28
CROSSOVERS/ALL OTH OUTPINT		1		19.75		19.75	.030		19.75		.60
@COUNTY HOSPITAL TOTAL	1	6	\$	409.51	\$	68.25	.182	¢	409.51	Ġ	12.41
CO HOSPITAL INPATIENT TOTAL		0	Ψ	.00	Ψ.	.00	.000	۲	.00	7	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	0	0									
NON-HSC HOSPITALS TOTAL	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	U	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	6		409.51		68.25	.182		409.51		12.41
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		83.53		83.53	.030		83.53		2.53
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	4		306.23		76.56	.121		306.23		9.28

CROSSOVERS/ALL OTH OUTPTNT 1 1 1 19.75 19.75 .030 19.75 .60 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,599

MOP024

FEE-FOR-SERVICE/DENTAL

03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

PIAICIN COONTI	SOMMAN OF SER	VICED FOIL	HITA	500	штС			AID CODE	55				
									M	TNC	HLY AVERA	.GE	
33 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EX	PENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CAR	E			PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10		27	\$		887.48	\$	32.87	.818	\$	88.75	\$	26.89
COMM HOSP INPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	10		27			887.48		32.87	.818		88.75		26.89
MEDICAL	2		2			147.44		73.72	.061		73.72		4.47
SURGERY	0		0			.00		.00	.000		.00		.00
PATHOLOGY	7		16			162.84		10.18	.485		23.26		4.93
RADIOLOGY	3		7			511.20		73.03	.212		170.40		15.49
ROOM USE	2		2			66.00		33.00	.061		33.00		2.00
CROSSOVERS/ALL OTH OUTPTNT	0		0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0			.00		.00	.000		.00		.00
@NURSING FACILITY	24		831	\$		109,230.60	\$	131.44	25.182	\$	4551.28	\$	3310.02
LEV A-INTERMEDIATE	0		0			.00		.00	.000		.00		.00
LEV B-REHAB MD	6		400			49,298.83		123.25	12.121		8216.47		1493.90
LEV B-SUBACUTE FREESTANDING	0		0			.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	0	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	0	.00	.000		.00		.00
LEV B-REGULAR	18	431		59 , 931.7	7	139.05	13.061		3329.54		1816.11
@INTERMEDIATE CARE FACILDD	0	0	\$.00	0 \$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	0	.00	.000		.00		.00
ICF DD	0	0		.00	0	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	0	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	0 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	0	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	0	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	0 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	0	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	0	.00	.000		.00		.00
@LABORATORY FACILITY	7	27	\$	236.6	5 \$	8.76	.818	\$	33.81	\$	7.17
PATHOLOGY	7	27		236.65	5	8.76	.818		33.81		7.17
XO AND OTHERS	0	0		.00	0	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	5	\$	630.1	6 \$	126.03	.152	\$	157.54	\$	19.10
CLINIC	0	0		.00	0	.00	.000		.00		.00
SURGICENTER	0	0		.00	0	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	0	.00	.000		.00		.00
RURAL HEALTH CLINIC	4	5		630.1	6	126.03	.152		157.54		19.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES	MONTH-OF-PAYMENT	REPOF	RT FOR JAN 2	2004 THRU	DEC	2004	P	AGE 6,600
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	MIA -	- SOC	- LTC		AID CODE	53				

MAKIN COUNTI	SOMMANT OF SER	VICES FOR MIA SOC	штс	AID CODE	55		
					MON	THLY AVERA	GE
33 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	8	120 \$	3,474.52	\$ 28.95	3.636 \$	434.32	\$ 105.29
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	103	1,055.51	10.25	3.121	211.10	31.99
AMBULANCES/AIR TRANS	5	103	1,055.51	10.25	3.121	211.10	31.99
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	60.26	30.13	.061	60.26	1.83
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	15	2,358.75	157.25	.455	1179.38	71.48
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 1 0 \$ 328.50 \$.00 .000 \$ 328.50 \$ 9.95

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,601 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

			-			MC	NTHLY AVERA	AGE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDI	TURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1	23 \$	4	45.55	\$ 19.37	.000	\$ 445.55	\$.00
@PHYSICIANS SERVICES	1	2 \$		54.12	\$ 27.06	.000	\$ 54.12	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	2		54.12	27.06	.000	54.12	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00		\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES 0 0 .00 .00 .000 .00 .00 .000 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 0 .00 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,602

03/14/05

MOPO24 FEE-FOR-SERVICE/DENTAL

MADIN COUNTY SIMMADY OF SERVICES FOR MIA - SOC - DEFCNANT AID CODE 87

MARIN COUNTY	SUMMARY OF SER	VICES FOR MIA -	SOC -	- PREGNANT		AID CODE	87				
							M	ONT:	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CA	RE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
NURSE ANESTHESIST	Ō	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	1	21	Ś	391.43	\$	18.64	.000	Ś	391.43	Ś	.00
HOSP INPATIENT TOTAL	0	0	•	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	21		391.43		18.64	.000		391.43		.00
MEDICAL	1	4		113.65		28.41	.000		113.65		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	4		43.74		10.94	.000		43.74		.00
RADIOLOGY	1	1		58.22		58.22	.000		58.22		.00
ROOM USE	1	3		120.29		40.10	.000		120.29		.00
CROSSOVERS/ALL OTH OUTPTNT	1	9		55.53		6.17	.000		55.53		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	· · · · · · · · · · · · · · · · · · ·	Ő	т	.00	τ	.00	.000	т	.00	Τ.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	Ő		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
TITE OTHER THIRTENI	0	O		.00		• 0 0	.000		.00		• 0 0

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE 6,603
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
MARIN COUNTY	SUMMARY OF SERVICES F	OR MIA - SOC	- PREGNANT	AID CODE	87		

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 21 391.43 18.64 .000 \$ 391.43 \$.00 COMM HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 COMM HOSP OUTPATIENT TOTAL 21 391.43 18.64 .000 391.43 .00 113.65 28.41 113.65 MEDICAL .000 .00 SURGERY .00 .00 .000 .00 .00 43.74 43.74 10.94 .000 .00 PATHOLOGY RADIOLOGY 58.22 58.22 58.22 .000 .00 ROOM USE 120.29 40.10 .000 120.29 .00 9 55.53 6.17 55.53 CROSSOVERS/ALL OTH OUTPINT .000 .00 0 .00 .00 .00 \$ @STATE HOSPITAL .000 \$.00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 .00 .00 .000 \$.00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 0 .00 .00 .00 .000 .00 LEV B-REGULAR 0 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 \$.00 0 ICF DDH .00 .00 .000 .00 .00 0 .00 .00 ICF DD .00 .000 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 @HEMODIALYSIS TOTAL .00 .00 .000 \$.00 \$. 00 HOSPITAL BASED .00 .00 .000 .00 .00 0 .00 HEMODIALYSIS CENTER .00 .000 .00 .00 @REHABILITATION FACILITY .00 .00 .000 .00 \$. 00 0 .00 .00 HOSPITAL BASED .00 .000 .00 0 .00 .00 INDEPENDENT FACILITY .00 .000 .00 @LABORATORY FACILITY .00 .00 .000 Ś .00 S . 00 .00 .00 .00 .000 .00 PATHOLOGY 0 .00 .00 XO AND OTHERS .00 .000 .00 0 .00 .00 \$ @ORGANIZED OUTPATIENT CLINIC .00 .000 Ś .00 CLINIC .00 .00 .000 .00 .00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	04 THRU DEC	2004	PAGE 6,604
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
MARIN COUNTY	SUMMARY OF SERVICES F	OR MIA - SOC	- PREGNANT	AID CODE 8	7		

IMMCIN COCKII	DOINGING OF DELICE	TODO TON HILL DOO	ITHOTHIT	1110 0000	0 /		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,605
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

						M	ONT	HLY AVERA	GE.	
33 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	67	1,291	\$ 138,722.19	\$	107.45	39.121		2070.48	\$	4203.70
@PHYSICIANS SERVICES	15	27	\$ 1,620.77	\$	60.03	.818	\$	108.05	\$	49.11
OUTPATIENT VISITS	3	3	157.58		52.53	.091		52.53		4.78
OFFICE VISITS	2	2	49.50		24.75	.061		24.75		1.50
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1	108.08		108.08	.030		108.08		3.28
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000		.00		.00
INPATIENT VISITS	5	6	133.90		22.32	.182		26.78		4.06
HOSPITAL VISITS	0	0	.00		.00	.000		.00		.00
CRITICAL CARE	0	0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	5	6	133.90		22.32	.182		26.78		4.06
OPHTHALMOLOGICAL SERVICES	1	2	84.78		42.39	.061		84.78		2.57
EXAMINATIONS	1	2	84.78		42.39	.061		84.78		2.57
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	3	611.11		203.70	.091		305.56		18.52
PRINCIPAL SURGEON	2	3	611.11		203.70	.091		305.56		18.52
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	1	1	8.59		8.59	.030		8.59		.26
RADIOLOGY	4	7	334.60		47.80	.212		83.65		10.14
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	5	290.21		58.04	.152		96.74		8.79
@PHARMACY	34	207	\$ 21,159.73	\$	102.22	6.273	\$	622.35	\$	641.20
PRESCRIPTION DRUGS	34	207	21,159.73		102.22	6.273		622.35		641.20
SNF/ICF	28	181	19 , 726.94		108.99	5.485		704.53		597.79
OUTPATIENTS	6	26	1,432.79		55.11	.788		238.80		43.42
MEDICAL SUPPLIES	0	0	.00		.00	.000		.00		.00
@DENTIST	5	8	\$ 338.00	\$	42.25	.242	\$	67.60	\$	10.24
VISITS - DIAGNOSTIC	4	6	205.00		34.17	.182		51.25		6.21
ORAL SURGERY	1	1	85.00		85.00	.030		85.00		2.58
DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	0	0	.00		.00	.000		.00		.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	48.00	48.00	.030	48.00	1.45
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE 6,606
MOP024	FEE-FOR-SERVICE/DENTA	ΑL					03/14/05
MARIN COUNTY	SUMMARY OF SERVICES H	FOR MIA - SOC	- TOTAL				

----- MONTHLY AVERAGE -----EXPENDITURES 33 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 1 7 133.15 19.02 .212 \$ 133.15 \$ 4.03 DIAGNOSTIC AND ANC. PROCED 1 1 47.45 47.45 .030 47.45 1.44 85.70 EYE APPLIANCES 6 14.28 .182 85.70 2.60 0 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 @CHIROPRACTOR .00 .00 .000 \$.00 \$.00 .00 VISITS .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 3 52.60 105.20 35.07 .091 @PODIATRIST 3.19 MEDICINE/INJECTIONS 105.20 35.07 .091 52.60 3.19 0 .00 .00 .00 SURGERY/ANES. .000 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 OTHER .00 .00 .000 .00 104.99 104.99 @HOME HEALTH AGENCY 52.50 .061 \$ 3.18 NURSE ANESTHESIST .00 .00 .000 .00 .00 0 .000 .00 NURSE MIDWIFE .00 .00 .00 0 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 1,688.42 @TOTAL HOSPITAL 31.27 1.636 140.70 51.16 0 .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 ANCILLARIES .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 12 HOSP OUTPATIENT TOTAL 54 1,688.42 31.27 1.636 140.70 51.16 3 6 MEDICAL 261.09 43.52 .182 87.03 7.91 SURGERY 83.53 83.53 .030 83.53 2.53 20 10.33 25.82 PATHOLOGY 206.58 .606 6.26 RADIOLOGY 8 569.42 71.18 .242 142.36 17.26 9 54.72 123.13 ROOM USE 492.52 .273 14.92 10 75.28 7.53 37.64 2.28 CROSSOVERS/ALL OTH OUTPTNT .303 @COUNTY HOSPITAL TOTAL 6 409.51 68.25 .182 409.51 \$ 12.41 .00 .00 .00 CO HOSPITAL INPATIENT TOTAL .000 .00 .00 .00 .00 HSC HOSPITALS .000 .00 0 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	6	409.51	68.25	.182	409.51	12.41
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	83.53	83.53	.030	83.53	2.53
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	4	306.23	76.56	.121	306.23	9.28
CROSSOVERS/ALL OTH OUTPINT	1	1	19.75	19.75	.030	19.75	.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 6,607
MOP024	FEE-FOR-SERVICE/DENTAL	⊐					03/14/05

MARIN COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

----- MONTHLY AVERAGE -----33 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 1,278.91 48 26.64 1.455 \$ 116.26 \$ 38.75 @COMMUNITY HOSPITAL TOTAL 11 .00 .00 COMM HOSP INPATIENT TOTAL 0 0 .000 .00 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .00 .00 .00 ALL OTHER ACCOM .000 .00 .00 .00 .00 .00 ANCILLARIES .000 .00 .00 INPATIENT CROSSOVERS .000 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 11 48 1,278.91 26.64 1.455 116.26 38.75 MEDICAL 3 261.09 43.52 .182 87.03 .00 SURGERY 0 .00 .00 .000 .00 PATHOLOGY 20 206.58 10.33 .606 25.82 6.26 8 569.42 71.18 .242 142.36 RADIOLOGY ROOM USE 5 186.29 37.26 .152 62.10 5.65 CROSSOVERS/ALL OTH OUTPINT 9 55.53 6.17 .273 55.53 1.68 0 .00 .00 .000 \$.00 \$ @STATE HOSPITAL .00 0 .00 .00 .000 .00 MENTALLY ILL .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 109,230.60 4551.28 \$ 3310.02 131.44 25.182 \$ @NURSING FACILITY .00 LEV A-INTERMEDIATE 0 .00 .00 .000 .00 LEV B-REHAB MD 6 400 49,298.83 123.25 12.121 8216.47 1493.90 .00 .000 .00 LEV B-SUBACUTE FREESTANDING .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE Ω .00 .00 .000 .00 . 00 59,931.77 139.05 13.061 3329.54 LEV B-REGULAR 1816.11 .00 .000 .00 \$ @INTERMEDIATE CARE FACIL.-DD 0 .00 \$.00 ICF DDH Ω .00 .00 .000 .00 . 00 .00 .00 ICF DD .00 .000 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 .000 \$ @HEMODIALYSIS TOTAL .00 .00 .00 \$. 00 .00 .00 .00 .000 .00 HOSPITAL BASED 0 HEMODIALYSIS CENTER .00 .00 .000 .00 .00 0 .00 .00 \$ @REHABILITATION FACILITY .00 .000 \$.00 HOSPITAL BASED .00 .00 .000 .00 .00

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	27	\$	236.65	\$	8.76	.818	\$	33.81	\$	7.17
PATHOLOGY	7	27		236.65		8.76	.818		33.81		7.17
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	5	\$	630.16	\$	126.03	.152	\$	157.54	\$	19.10
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	5		630.16		126.03	.152		157.54		19.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF	-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	AGE 6,608
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05
MARIN COUNTY	SUMMARY OF SERVICES F	OR MIA - SO	C - TOTAL								
							N	THON	HLY AVERA	GE -	

					MOI	NITLI AVENA	JE
33 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	8	120 \$	3,474.52	\$ 28.95	3.636	\$ 434.32	\$ 105.29
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	103	1,055.51	10.25	3.121	211.10	31.99
AMBULANCES/AIR TRANS	5	103	1,055.51	10.25	3.121	211.10	31.99
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	60.26	30.13	.061	60.26	1.83
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	15	2,358.75	157.25	.455	1179.38	71.48
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	0 \$	328.50	\$.00	.000	\$ 328.50	\$ 9.95

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,609
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

						MC	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERA	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER U	JNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES M	ONTH-OF-PAYMENT REP	ORT FOR JAN	2004 THRU DEC	2004	PAGE 6,610
MOP024	FEE-FOR-SERVICE/DEN	NTAL					03/14/05
MARIN COUNTY	SUMMARY OF SERVICES	FOR FOR FUTURE	USE				
					MONT	HLY AVERAGE	·

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER	.GE	COST PER
00 221012220	00210	OR DAYS OF CARE	2111 2113 1 1 01120		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000		.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JA	AN 2004 THRU	DEC 2004	PAGE	6,611
MOP024	FEE-FOR-SERVICE/DENTAL						03	/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	FOR FUTURE	E USE					
					I	MONTHLY AVERA	GE	

					MONT	HLY AVERAGE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER (COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	. (0 0		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.0	0 0	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	. (0 0		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	. (0 0		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.(0 0	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	. (0 0		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	. (0 0		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.0	0 0	\$.00
PATHOLOGY	0	0		.00		.00	.000	. (0 0		.00
XO AND OTHERS	0	0		.00		.00	.000	. (0 0		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.0	0 (\$.00
CLINIC	0	0		.00		.00	.000	. (0 0		.00
SURGICENTER	0	0		.00		.00	.000	. (0 (.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	. (0 0		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	. (0 0		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITUR	ES MONTH-	-OF-PAYMENT	REPORT	FOR JAN 2	004 THRU	DEC 2004		PAGE	6,612
MOP024	FEE-FOR-SERVICE/DENT	TAL								0.3	3/14/05
MARIN COUNTY	SUMMARY OF SERVICES	FOR FOR FUT	URE USE								

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 .00 AMBULANCES/AIR TRANS .00 .000 .00 .00 .00 OTHER TRANS .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .00 OPTICIAN .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 PORTABLE X-RAY .000 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .00 .00 .000 .00 PROSTHETICS .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .00 PSYCHOLOGIST .000 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 .00 ALL OTHER PROVIDERS 0 .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 .00 .00 .000 \$ \$.00 @XOVER EXCLUDING STATE HOSP** .00 \$.00 .000 \$.00 \$.00

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

					MON	THLY AVERAG	GE
99 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	169	1,978 \$	197,746.09	\$ 99.97	19.980 \$		\$ 1997.44
@PHYSICIANS SERVICES	55	117 \$	9,346.52	\$ 79.88	1.182 \$		\$ 94.41
OUTPATIENT VISITS	13	15	1,026.45	68.43	.152	78.96	10.37
OFFICE VISITS	3	3	118.40	39.47	.030	39.47	1.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	8	531.26	66.41	.081	88.54	5.37
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	4	376.79	94.20	.040	94.20	3.81
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	10	320.50	32.05	.101	45.79	3.24
HOSPITAL VISITS	7	4	186.60	46.65	.101	93.30	1.88
	2	0	.00	.00	.000	.00	.00
CRITICAL CARE	U	6					1.35
SNF/ICF/TRANS IP CARE	1	2	133.90	22.32	.061	26.78	
OPHTHALMOLOGICAL SERVICES	1		84.78	42.39	.020	84.78	.86
EXAMINATIONS	0	2	84.78	42.39	.020	84.78	.86
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	/	17	3,710.11	218.24	.172	530.02	37.48
PRINCIPAL SURGEON	6	7	3,292.96	470.42	.071	548.83	33.26
ASSISTANT SURGEON	1	1	186.50	186.50	.010	186.50	1.88
ANESTHESIOLOGIST	1	9	230.65	25.63	.091	230.65	2.33
OUTPATIENT SURGERY	13	21	2,244.92	106.90	.212	172.69	22.68
PRINCIPAL SURGEON	12	14	2,074.44	148.17	.141	172.87	20.95
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	170.48	24.35	.071	85.24	1.72
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	31.93	5.32	.061	10.64	.32
RADIOLOGY	23	30	1,275.04	42.50	.303	55.44	12.88
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	5	35.53	7.11	.051	17.77	.36
OTHER SERVICES/ALL X-OVERS	8	11	617.26	56.11	.111	77.16	6.23
@PHARMACY	62	267 \$	22,527.66	\$ 84.37	2.697 \$	363.35	\$ 227.55
PRESCRIPTION DRUGS	62	265	22,316.64	84.21	2.677	359.95	225.42
SNF/ICF	28	181	19,726.94	108.99	1.828	704.53	199.26
OUTPATIENTS	34	84	2,589.70	30.83	.848	76.17	26.16
MEDICAL SUPPLIES	1	2	211.02	105.51	.020	211.02	2.13
@DENTIST	9	26 \$	660.00	\$ 25.38	.263 \$	73.33	\$ 6.67
VISITS - DIAGNOSTIC	7	21	404.00	19.24	.212	57.71	4.08
ORAL SURGERY	2	2	130.00	65.00	.020	65.00	1.31
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	2	96.00	48.00	.020	48.00	.97
PROSTHETICS	1	1	30.00	30.00	.010	30.00	.30
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MON					PAGE 6,614
MODOSA	MEDI-CAL SERVI		ATT OF TATHBUT KI	LIONI FON UAN 2	TOOT THING DE	C 2007	0,014

FEE-FOR-SERVICE/DENTAL

03/14/05

MAKIN COUNTI	SUMMARI OF SER	VICES FOR	MEDICALI	7 T TI/	IDIGENI - ADOLIS -	- 10.	IAL	2.6	O 3 T IT		Ω.	
00 81 1018180	HORDO	IINITEC OF	ODDIII OD			70 77 77		M			UEL	
99 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST		-	COST PER		COST PER
0.0000000000000000000000000000000000000	0	OR DAYS	OF CARE	<u> </u>	170 50		R UNIT/DAY	PER ELIG		USER	<u> </u>	ELIGIBLE
@OPTOMETRIST	2		8	\$	172.59	\$	21.57	.081	Ş	86.30	\$	1.74
DIAGNOSTIC AND ANC. PROCED	2		2		86.89		43.45	.020		43.45		.88
EYE APPLIANCES	1		6		85.70		14.28	.061		85.70		.87
OTHER OPTOMETRIC SERVICES	U		0	_	.00	_	.00	.000	_	.00	_	.00
@CHIROPRACTOR	O		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	2		3	\$	105.20	\$	35.07	.030	\$	52.60	\$	1.06
MEDICINE/INJECTIONS	2		3		105.20		35.07	.030		52.60		1.06
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1		2	\$	104.99	\$	52.50	.020	\$	104.99	\$	1.06
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	44		243	\$	42,366.24	\$	174.35	2.455	\$	962.87	\$	427.94
HOSP INPATIENT TOTAL	8		18		35,421.05		1967.84	.182		4427.63		357.79
HSC HOSPITALS	8		18		35,421.05		1967.84	.182		4427.63		357.79
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	41	225		6,945.19		30.87	2.273		169.39	70.15
MEDICAL	9	16		663.89		41.49	.162		73.77	6.71
SURGERY	4	6		304.36		50.73	.061		76.09	3.07
PATHOLOGY	21	88		941.47		10.70	.889		44.83	9.51
RADIOLOGY	14	23		1,796.55		78.11	.232		128.33	18.15
ROOM USE	18	36		1,824.24		50.67	.364		101.35	18.43
CROSSOVERS/ALL OTH OUTPINT	19	56		1,414.68		25.26	.566		74.46	14.29
@COUNTY HOSPITAL TOTAL	6	44	\$	1,565.98	\$	35.59	. 444	\$	261.00	\$ 15.82
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.00
ANCILLARIES	0	0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	6	44		1,565.98		35.59	.444		261.00	15.82
MEDICAL	1	1		128.57		128.57	.010		128.57	1.30
SURGERY	3	5		203.95		40.79	.051		67.98	2.06
PATHOLOGY	2	10		197.45		19.75	.101		98.73	1.99
RADIOLOGY	0	0		.00		.00	.000		.00	.00
ROOM USE	5	14		898.63		64.19	.141		179.73	9.08
CROSSOVERS/ALL OTH OUTPINT		14		137.38		9.81	.141		34.35	1.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF-	PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	GE 6,615
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	MEDICALL	Y INDIGENT	- ADULTS	- TOTA	.L				

MAKIN COUNTI	DOMESTIC OF DELL	ATCED FOIL	PIEDICAL.	TT TIVD	OT OTHER	ADULIS	IOIAI	J					
										INOM	HLY AVERA	GE.	
99 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPEND	DITURES	AVER#	GE COST	UNITS/DA	YS	COST PER		COST PER
		OR DAYS	OF CARE				PER U	NIT/DAY	PER ELI	G	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	39		199	\$	40,	800.26	\$ 2	205.03	2.010	\$	1046.16	\$	412.12
COMM HOSP INPATIENT TOTAL	8		18		35 ,	421.05	19	67.84	.182		4427.63		357.79
HSC HOSPITALS	8		18		35 ,	421.05	19	67.84	.182		4427.63		357.79
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	36		181		5,	379.21		29.72	1.828		149.42		54.34
MEDICAL	8		15			535.32		35.69	.152		66.92		5.41
SURGERY	1		1			100.41	1	.00.41	.010		100.41		1.01
PATHOLOGY	20		78			744.02		9.54	.788		37.20		7.52
RADIOLOGY	14		23		1,	796.55		78.11	.232		128.33		18.15
ROOM USE	14		22			925.61		42.07	.222		66.12		9.35
CROSSOVERS/ALL OTH OUTPTNT	15		42		1,	277.30		30.41	.424		85.15		12.90
@STATE HOSPITAL	0		0	\$.00	\$.00	.000		.00	\$.00
MENTALLY ILL	0		0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0			.00		.00	.000		.00		.00
@NURSING FACILITY	24		831	\$	109,	230.60	\$ 1	.31.44	8.394	\$	4551.28	\$	1103.34
LEV A-INTERMEDIATE	0		0			.00		.00	.000		.00		.00
LEV B-REHAB MD	6		400		49,	298.83	1	.23.25	4.040		8216.47		497.97
LEV B-SUBACUTE FREESTANDING	0		0			.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	18	431		59 , 931.77		139.05	4.354		3329.54		605.37
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	30	91	\$	1,117.36	\$	12.28	.919	\$	37.25	\$	11.29
PATHOLOGY	30	91		1,117.36		12.28	.919		37.25		11.29
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	45	266	\$	8,399.32	\$	31.58	2.687	\$	186.65	\$	84.84
CLINIC	34	239		5,093.10		21.31	2.414		149.80		51.45
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	13	27		3,306.22		122.45	.273		254.32		33.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	JRES	MONTH-OF-PAYMENT R	REPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 6,616
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	MEDICA	ALLY	INDIGENT - ADULTS	- TO	TAL					

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 99 ELIGIBLES USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 29.96 1.253 \$ 337.78 \$ 37.53 @ALL OTHER PROVIDERS 11 124 \$ 3,715.61 0 0 .00 .00 .000 .00 DURABLE MED. EQUIP. .00 .00 0 0 .00 BLOOD BANK .00 .000 .00 .00 0 .00 HEARING AID DISPENSERS .00 .000 .00 1,183.59 11.27 197.27 MEDICAL TRANSPORTATION 105 1.061 11.96 105 1,183.59 11.27 197.27 AMBULANCES/AIR TRANS 1.061 11.96 .000 OTHER TRANS 0 .00 .00 .00 .00 .00 .00 .00 .00 OTHER SERVICES .000 ACUPUNCTURE .00 .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 105.00 105.00 .010 105.00 1.06 GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 .00 .00 .000 .00 OPTICIAN PHYSICAL THERAPIST .00 .00 .000 .00 .00 .61 PORTABLE X-RAY 60.26 30.13 .020 60.26 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 ORTHOTICS .00 .000 . 00 .00 .00 .000 .00 PSYCHOLOGIST 0 .00 SPEECH AND AUDIOLOGY .00 .000 .00 .00 HOSPICE SERVICES 15 2,358.75 157.25 .152 1179.38 23.83 .00 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 . 00 .00 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 .00 PED SUBACUTE REHAB/WEANING .000 .00 1 8.01 8.01 8.01 ALL OTHER PROVIDERS .010 .08 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 1 0 \$ 328.50 \$.00 .000 \$ 328.50 \$ 3.32

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,617 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR ALL AGED

MARIN COUNTI	SUMMARI OF SERV	VICES FOR ALL AGED			MON'	TIIT X 717007	GE
21,905 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
ZI, 905 ELIGIBLES	OSEKS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	16,479	467,584 \$	19,179,841.27	\$ 41.02	21.346 \$		
@PHYSICIANS SERVICES	2,637	7,665 \$	174,860.09	\$ 22.81	.350 \$		
OUTPATIENT VISITS	2,037	396	19,572.13	49.42	.018	65.90	.89
OFFICE VISITS	198	255	9,656.15	37.87	.013	48.77	.44
HOME VISITS	190	233	.00	.00	.000	.00	.00
EMERGENCY ROOM	102	130	9,539.02	73.38	.006	93.52	.44
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	11	376.96	34.27	.001	34.27	.00
INPATIENT VISITS	69	223	9,708.41	43.54	.010	140.70	.44
HOSPITAL VISITS	58	200	8,434.11	42.17	.009	145.42	.39
CRITICAL CARE	4	200	729.60	121.60	.009	182.40	.03
	11			32.04			
SNF/ICF/TRANS IP CARE	48	17 55	544.70		.001	49.52	.02
OPHTHALMOLOGICAL SERVICES	48 48		2,336.96	42.49	.003	48.69	.11
EXAMINATIONS	48	55	2,336.96	42.49	.003	48.69	.11
SERVICES AND MATERIALS	23	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		101	9,373.47	92.81	.005	407.54	.43
PRINCIPAL SURGEON	17	19	7,488.02	394.11	.001	440.47	.34
ASSISTANT SURGEON	1	1	134.77	134.77	.000	134.77	.01
ANESTHESIOLOGIST	9	81	1,750.68	21.61	.004	194.52	.08
OUTPATIENT SURGERY	54	107	12,288.74	114.85	.005	227.57	.56
PRINCIPAL SURGEON	45	50	10,707.02	214.14	.002	237.93	.49
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	57	1,581.72	27.75	.003	158.17	.07
DIALYSIS	6	11	2,163.64	196.69	.001	360.61	.10
PATHOLOGY	33	93	1,057.01	11.37	.004	32.03	.05
RADIOLOGY	211	405	16,181.52	39.95	.018	76.69	.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	15	3,095.04	206.34	.001	309.50	.14
OTHER SERVICES/ALL X-OVERS	2,217	6,259	99,083.17	15.83	.286	44.69	4.52
@PHARMACY	12,941	199,436 \$	3,917,031.94	\$ 19.64	9.105 \$		·
PRESCRIPTION DRUGS	12,700	51,652	3,812,737.90	73.82	2.358	300.22	174.06
SNF/ICF	2,735	16,955	963,484.38	56.83	.774	352.28	43.98
OUTPATIENTS	10,099	34,697	2,849,253.52	82.12	1.584	282.13	130.07
MEDICAL SUPPLIES	1,006	147,784	104,294.04	.71	6.747	103.67	4.76
@DENTIST	1,164	3,305 \$		\$ 41.45	.151 \$		
VISITS - DIAGNOSTIC	836	2,167	35,062.78	16.18	.099	41.94	1.60
ORAL SURGERY	106	297	12,877.68	43.36	.014	121.49	.59
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	43	47	3,836.36	81.62	.002	89.22	.18
ENDODONTICS	29	31	6,998.13	225.75	.001	241.31	.32
RESTORATIVE DENTISTRY	198	354	21,353.56	60.32	.016	107.85	.97
PROSTHETICS	12	12	280.00	23.33	.001	23.33	.01
DENTURES, STAYPLATES	173	393	56,583.75	143.98	.018	327.07	2.58
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	20	3	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU	DEC 2004	PAGE 6,618
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
MARIN COUNTY	SUMMARY OF SERVICES F	OR ALL AGED					

MARIN COUNTY	SUMMARY OF SER	VICES FOR ALL AGI	ED								
							MO	TNC	HLY AVERA	GE.	
21,905 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	C		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	139	381	\$	8,190.41	\$	21.50	.017	\$	58.92	\$.37
DIAGNOSTIC AND ANC. PROCED	37	39		1,532.92		39.31	.002		41.43		.07
EYE APPLIANCES	107	332		5,827.50		17.55	.015		54.46		.27
OTHER OPTOMETRIC SERVICES	16	10		829.99		83.00	.000		51.87		.04
@CHIROPRACTOR	2	3	\$	32.70	\$	10.90	.000	\$	16.35	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	2	3		32.70		10.90	.000		16.35		.00
@PODIATRIST	391	518	\$	3,507.77	\$	6.77	.024	\$	8.97	\$.16
MEDICINE/INJECTIONS	12	12		419.10		34.93	.001		34.93		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	379	506		3,088.67		6.10	.023		8.15		.14
@HOME HEALTH AGENCY	26	165	Ś		\$	69.29		\$	439.70	\$.52
NURSE ANESTHESIST	0	0	Ś	.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0	0	Ś	.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	4	12	Ś	97.19	\$	8.10	.001		24.30	\$.00
@TOTAL HOSPITAL	1,472	7,501	¢	1,099,769.26	\$.342		747.13		50.21
HOSP INPATIENT TOTAL	223	554	Y	876,918.72	Y	1582.89	.025	Y	3932.37	Y	40.03
HSC HOSPITALS	103	511		693,180.23		1356.52	.023		6729.91		31.64
NON-HSC HOSPITAL TOTAL	13	43		69,478.53		1615.78	.002		5344.50		3.17
ACCOMMODATIONS	13	43		19,261.35		447.94	.002		1481.64		.88
ACCOMMODATIONS ADMINISTRATIVE DAYS	1	4		751.17		187.79	.002		751.17		.03
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	13	39		18,510.18		474.62	.002		1423.86		.85
ANCILLARIES	13	0		50,217.18		.00	.002		3862.86		2.29
INPATIENT CROSSOVERS	112	0		114,259.96		.00	.000		1020.18		5.22
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	· · · · · · · · · · · · · · · · · · ·	· ·					.317		171.16		10.17
MEDICAL	1,302 156	6 , 947 232		222,850.54 10,167.08		32.08 43.82	.011		65.17		.46
	34	39		•							.46
SURGERY	172	779		1,544.14		39.59	.002		45.42		
PATHOLOGY	189			9,967.22		12.79	.036		57.95		.46
RADIOLOGY		419		56,665.67		135.24	.019		299.82		2.59
ROOM USE	160	214		8,234.94		38.48	.010		51.47		.38
CROSSOVERS/ALL OTH OUTPTNT	•	5,264	<u> </u>	136,271.49	<u>^</u>	25.89	.240	<u> </u>	133.99	<u> </u>	6.22
@COUNTY HOSPITAL TOTAL	1	5	\$	201.98	\$	40.40	.000	Ş	201.98	\$.01
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	1	5	201.98	40.40	.000	201.98	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	5	201.98	40.40	.000	201.98	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DE	C 2004	PAGE 6,619
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
MARIN COUNTY	SUMMARY OF SERV	/ICES FOR ALL AGED					
					MON	THLY AVERA	GE
21,905 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,471	7,496 \$	1,099,567.28	\$ 146.69	.342 \$	747.50	\$ 50.20
COMM HOSP INPATIENT TOTAL	223	554	876,918.72	1582.89		3932.37	40.03
HSC HOSPITALS	103	511	693,180.23			6729.91	31.64
NON-HSC HOSPITALS TOTAL	13	43	69,478.53	1615.78	.002	5344.50	3.17
ACCOMMODATIONS	13	43	19,261.35	447.94	.002	1481.64	.88
ADMINISTRATIVE DAYS	1	4	751.17	187.79	.000	751.17	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	39	18,510.18	474.62	.002	1423.86	.85
ANCILLARIES	13	0	50,217.18	.00	.000	3862.86	2.29
INPATIENT CROSSOVERS	112	0	114,259.96	.00	.000	1020.18	5.22
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,301	6,942	222,648.56	32.07	.317	171.14	10.16
MEDICAL	156	232	10,167.08	43.82	.011	65.17	.46
SURGERY	34	39	1,544.14	39.59	.002	45.42	.07
PATHOLOGY	172	779	9,967.22	12.79	.036	57.95	.46
RADIOLOGY	189	419	56,665.67	135.24	.019	299.82	2.59
ROOM USE	160	214	8,234.94	38.48	.010	51.47	.38
CROSSOVERS/ALL OTH OUTPINT	1,016	5 , 259	136,069.51	25.87	.240	133.93	6.21
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	3,613	110 , 507	\$	12,589,190.13	\$		5.045	\$	3484.41	\$	574.72
LEV A-INTERMEDIATE	11	416		27 , 466.64		66.03	.019		2496.97		1.25
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	12	366		202,335.57		552.83	.017		16861.30		9.24
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3,595	109,725		12,359,387.92		112.64	5.009		3437.94		564.23
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	93	714	\$	81,113.54	\$.033	\$	872.19	\$	3.70
HOSPITAL BASED	0	0	•	.00	·	.00	.000	•	.00	·	.00
HEMODIALYSIS CENTER	93	714		81,113.54		113.60	.033		872.19		3.70
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	354	2,812	\$		\$	7.42	.128	Ś	58.97	Ś	.95
PATHOLOGY	282	2,629	Ψ	17,305.01	Τ	6.58	.120	т	61.37	т	.79
XO AND OTHERS	76	183		3,569.53		19.51	.008		46.97		.16
@ORGANIZED OUTPATIENT CLINIC	1,405	1,921	¢	118,248.74			.088	Ċ	84.16	Ċ	5.40
CLINIC CLINIC	36	90	Ÿ	1,985.43	Y	22.06	.004	Y	55.15	Ÿ	.09
SURGICENTER	33	35		5,671.13		162.03	.004		171.85		.26
HEROIN DETOX CLINIC	0	0		.00		.00	.002		.00		.00
	1,356	1 , 796				61.58	.082		81.56		5.05
RURAL HEALTH CLINIC		I, 796 CES AND EXPENDITUR	DO M	110,592.18	3 D O D II			DEC		П	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	LES AND EXPENDITOR	KES M	JNTH-OF-PAIMENT RI	PORT	FOR JAN	2004 THRU	レĽし	. 2004	P	AGE 6,620
MODOOA	DDD DOD CDDVICE	/DENIMAT									02/11/05
MOP024	FEE-FOR-SERVICE		10								03/14/05
MOP024 MARIN COUNTY		E/DENTAL /ICES FOR ALL AGE	ED				N	ONIE		CE	
MARIN COUNTY	SUMMARY OF SERV	ICES FOR ALL AGE			7.7.				HLY AVERA		
		VICES FOR ALL AGE UNITS OF SERVICE	3	EXPENDITURES			UNITS/DAY	S	COST PER		 COST PER
MARIN COUNTY 21,905 ELIGIBLES	SUMMARY OF SERV	VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	PER	R UNIT/DAY	UNITS/DAY PER ELIG	S	COST PER USER		 COST PER ELIGIBLE
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERVUSERS	VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 132,644	3	EXPENDITURES 1,018,500.44		R UNIT/DAY 7.68	UNITS/DAY PER ELIG 6.055	S	COST PER USER 451.06		COST PER ELIGIBLE 46.50
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERV USERS 2,258 76	UNITS OF SERVICE OR DAYS OF CARE 132,644 551		EXPENDITURES 1,018,500.44 35,090.18	PER	R UNIT/DAY 7.68 63.68	UNITS/DAY PER ELIG 6.055	S	COST PER USER 451.06 461.71		COST PER ELIGIBLE 46.50 1.60
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERV USERS 2,258 76 0	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0		EXPENDITURES 1,018,500.44 35,090.18 .00	PER	R UNIT/DAY 7.68 63.68 .00	UNITS/DAY PER ELIG 6.055 .025 .000	S	COST PER USER 451.06 461.71 .00		COST PER ELIGIBLE 46.50 1.60
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	USERS 2,258 76 0 79	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16	PER	7.68 7.68 63.68 .00 126.12	Y UNITS/DAY PER ELIG 6.055 .025 .000 .005	S	COST PER USER 451.06 461.71 .00 170.82		COST PER ELIGIBLE 46.50 1.60 .00
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	USERS 2,258 76 0 79 106	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54	PER ELIG 6.055 .025 .000 .005 .041	S	COST PER USER 451.06 461.71 .00 170.82 89.33		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	USERS 2,258 76 0 79 106 55	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898 472		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48 6,867.92	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54 14.55	PER ELIG 6.055 .025 .000 .005 .041	S	COST PER USER 451.06 461.71 .00 170.82 89.33 124.87		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	USERS 2,258 76 0 79 106 55 26	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898 472 215		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48 6,867.92 1,463.02	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54 14.55 6.80	PER ELIG 6.055 .025 .000 .005 .041 .022	S	COST PER USER 451.06 461.71 .00 170.82 89.33 124.87 56.27		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43 .31
MARIN COUNTY 21,905 ELIGIBLES ©ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	USERS 2,258 76 0 79 106 55 26 27	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898 472 215 211		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48 6,867.92 1,463.02 1,137.54	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54 14.55 6.80 5.39	PER ELIG 6.055 .025 .000 .005 .041 .022 .010	S	COST PER USER 451.06 461.71 .00 170.82 89.33 124.87 56.27 42.13		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43 .31 .07
MARIN COUNTY 21,905 ELIGIBLES ©ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	USERS 2,258 76 0 79 106 55 26 27 41	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898 472 215 211 153		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48 6,867.92 1,463.02 1,137.54 2,692.47	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54 14.55 6.80 5.39 17.60	PER ELIG 6.055 .025 .000 .005 .041 .022 .010 .010	S	COST PER USER 451.06 461.71 .00 170.82 89.33 124.87 56.27 42.13 65.67		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43 .31 .07 .05
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	USERS 2,258 76 0 79 106 55 26 27 41 336	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898 472 215 211 153 5,305		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48 6,867.92 1,463.02 1,137.54 2,692.47 363,604.26	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54 14.55 6.80 5.39 17.60 68.54	PER ELIG 6.055 .025 .000 .005 .041 .022 .010 .010	S	COST PER USER 451.06 461.71 .00 170.82 89.33 124.87 56.27 42.13 65.67 1082.16		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43 .31 .07 .05 .12 16.60
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS 2,258 76 0 79 106 55 26 27 41 336 0	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898 472 215 211 153 5,305		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48 6,867.92 1,463.02 1,137.54 2,692.47 363,604.26 .00	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54 14.55 6.80 5.39 17.60 68.54 .00	PER ELIG 6.055 .025 .000 .005 .041 .022 .010 .010 .007 .242	S	COST PER USER 451.06 461.71 .00 170.82 89.33 124.87 56.27 42.13 65.67 1082.16		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43 .31 .07 .05 .12 16.60 .00
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	USERS 2,258 76 0 79 106 55 26 27 41 336 0 663	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898 472 215 211 153 5,305 0 3,421		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48 6,867.92 1,463.02 1,137.54 2,692.47 363,604.26 .00 210,406.33	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54 14.55 6.80 5.39 17.60 68.54 .00 61.50	PER ELIG 6.055 .025 .000 .005 .041 .022 .010 .010 .007 .242 .000 .156	S	COST PER USER 451.06 461.71 .00 170.82 89.33 124.87 56.27 42.13 65.67 1082.16 .00 317.35		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43 .31 .07 .05 .12 16.60 .00 9.61
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	USERS 2,258 76 0 79 106 55 26 27 41 336 0 663 0	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898 472 215 211 153 5,305 0 3,421		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48 6,867.92 1,463.02 1,137.54 2,692.47 363,604.26 .00 210,406.33	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54 14.55 6.80 5.39 17.60 68.54 .00 61.50	PER ELIG 6.055 .025 .000 .005 .041 .022 .010 .010 .007 .242 .000 .156	S	COST PER USER 451.06 461.71 .00 170.82 89.33 124.87 56.27 42.13 65.67 1082.16 .00 317.35 .00		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43 .31 .07 .05 .12 16.60 .00 9.61 .00
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	USERS 2,258 76 0 79 106 55 26 27 41 336 0 663	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898 472 215 211 153 5,305 0 3,421		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48 6,867.92 1,463.02 1,137.54 2,692.47 363,604.26 .00 210,406.33 .00 13,288.10	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54 14.55 6.80 5.39 17.60 68.54 .00 61.50	PER ELIG 6.055 .025 .000 .005 .041 .022 .010 .010 .007 .242 .000 .156 .000	S	COST PER USER 451.06 461.71 .00 170.82 89.33 124.87 56.27 42.13 65.67 1082.16 .00 317.35 .00 46.62		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43 .31 .07 .05 .12 16.60 .00 9.61
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	USERS 2,258 76 0 79 106 55 26 27 41 336 0 663 0 285	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898 472 215 211 153 5,305 0 3,421 0 1,022 0		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48 6,867.92 1,463.02 1,137.54 2,692.47 363,604.26 .00 210,406.33 .00 13,288.10 .00	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54 14.55 6.80 5.39 17.60 68.54 .00 61.50 .00 13.00 .00	PER ELIG 6.055 .025 .000 .005 .041 .022 .010 .010 .007 .242 .000 .156 .000 .047	S	COST PER USER 451.06 461.71 .00 170.82 89.33 124.87 56.27 42.13 65.67 1082.16 .00 317.35 .00 46.62 .00		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43 .31 .07 .05 .12 16.60 .00 9.61 .00
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	USERS 2,258 76 0 79 106 55 26 27 41 336 0 663 0 285 0 58	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898 472 215 211 153 5,305 0 3,421 0 1,022 0 86		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48 6,867.92 1,463.02 1,137.54 2,692.47 363,604.26 .00 210,406.33 .00 13,288.10 .00 286.65	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54 14.55 6.80 5.39 17.60 68.54 .00 61.50 .00 13.00 .00 3.33	PER ELIG 6.055 .025 .000 .005 .041 .022 .010 .010 .007 .242 .000 .156 .000 .047	S	COST PER USER 451.06 461.71 .00 170.82 89.33 124.87 56.27 42.13 65.67 1082.16 .00 317.35 .00 46.62 .00 4.94		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43 .31 .07 .05 .12 16.60 .00 9.61 .00 .61 .00 .01
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	USERS 2,258 76 0 79 106 55 26 27 41 336 0 663 0 285 0 58	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898 472 215 211 153 5,305 0 3,421 0 1,022 0 86		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48 6,867.92 1,463.02 1,137.54 2,692.47 363,604.26 .00 210,406.33 .00 13,288.10 .00	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54 14.55 6.80 5.39 17.60 68.54 .00 61.50 .00 13.00 .00	PER ELIG 6.055 .025 .000 .005 .041 .022 .010 .010 .017 .242 .000 .156 .000 .047 .000	S	COST PER USER 451.06 461.71 .00 170.82 89.33 124.87 56.27 42.13 65.67 1082.16 .00 317.35 .00 46.62 .00		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43 .31 .07 .05 .12 16.60 .00 9.61 .00 .61 .00 .01 .02
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	USERS 2,258 76 0 79 106 55 26 27 41 336 0 663 0 285 0 58 6	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898 472 215 211 153 5,305 0 3,421 0 1,022 0 86 8		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48 6,867.92 1,463.02 1,137.54 2,692.47 363,604.26 .00 210,406.33 .00 13,288.10 .00 286.65 434.52 434.52	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54 14.55 6.80 5.39 17.60 68.54 .00 61.50 .00 13.00 .00 3.33 54.32 54.32	PER ELIG 6.055 .025 .000 .005 .041 .022 .010 .010 .007 .242 .000 .156 .000 .047 .000	S	COST PER USER 451.06 461.71 .00 170.82 89.33 124.87 56.27 42.13 65.67 1082.16 .00 317.35 .00 46.62 .00 4.94 72.42 72.42		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43 .31 .07 .05 .12 16.60 .00 9.61 .00 .61 .00 .01
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	USERS 2,258 76 0 79 106 55 26 27 41 336 0 663 0 285 0 58	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898 472 215 211 153 5,305 0 3,421 0 1,022 0 86		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48 6,867.92 1,463.02 1,137.54 2,692.47 363,604.26 .00 210,406.33 .00 13,288.10 .00 286.65 434.52 434.52	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54 14.55 6.80 5.39 17.60 68.54 .00 61.50 .00 13.00 .00 3.33 54.32 54.32 .00	PER ELIG 6.055 .025 .000 .005 .041 .022 .010 .010 .017 .242 .000 .156 .000 .047 .000	S	COST PER USER 451.06 461.71 .00 170.82 89.33 124.87 56.27 42.13 65.67 1082.16 .00 317.35 .00 46.62 .00 4.94 72.42		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43 .31 .07 .05 .12 16.60 .00 9.61 .00 .61 .00 .01 .02
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	USERS 2,258 76 0 79 106 55 26 27 41 336 0 663 0 285 0 58 6 6 0 4	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898 472 215 211 153 5,305 0 3,421 0 1,022 0 86 8		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48 6,867.92 1,463.02 1,137.54 2,692.47 363,604.26 .00 210,406.33 .00 13,288.10 .00 286.65 434.52 434.52	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54 14.55 6.80 5.39 17.60 68.54 .00 61.50 .00 13.00 .00 3.33 54.32 54.32	PER ELIG 6.055 .025 .000 .005 .041 .022 .010 .010 .007 .242 .000 .156 .000 .047 .000	S	COST PER USER 451.06 461.71 .00 170.82 89.33 124.87 56.27 42.13 65.67 1082.16 .00 317.35 .00 46.62 .00 4.94 72.42 72.42		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43 .31 .07 .05 .12 16.60 .00 9.61 .00 .61 .00 .01 .02 .02
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	USERS 2,258 76 0 79 106 55 26 27 41 336 0 663 0 285 0 58 6 6	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898 472 215 211 153 5,305 0 3,421 0 1,022 0 86 8		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48 6,867.92 1,463.02 1,137.54 2,692.47 363,604.26 .00 210,406.33 .00 13,288.10 .00 286.65 434.52 434.52 .00 205.82 12,901.99	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54 14.55 6.80 5.39 17.60 68.54 .00 61.50 .00 13.00 .00 3.33 54.32 54.32 .00	PER ELIG 6.055 .025 .000 .005 .041 .022 .010 .010 .007 .242 .000 .156 .000 .047 .000 .004 .000	S	COST PER USER 451.06 461.71 .00 170.82 89.33 124.87 56.27 42.13 65.67 1082.16 .00 317.35 .00 46.62 .00 4.94 72.42 72.42 .00		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43 .31 .07 .05 .12 16.60 .00 9.61 .00 .61 .00 .01 .02 .02 .02 .00
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	USERS 2,258 76 0 79 106 55 26 27 41 336 0 663 0 285 0 58 6 6 0 4	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898 472 215 211 153 5,305 0 3,421 0 1,022 0 86 8 8 0 14		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48 6,867.92 1,463.02 1,137.54 2,692.47 363,604.26 .00 210,406.33 .00 13,288.10 .00 286.65 434.52 434.52 434.52 12,901.99 317,533.70	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54 14.55 6.80 5.39 17.60 68.54 .00 61.50 .00 13.00 .00 3.33 54.32 54.32 .00 14.70	PER ELIG 6.055 .025 .000 .005 .041 .022 .010 .010 .007 .242 .000 .156 .000 .047 .000 .004 .000	S	COST PER USER 451.06 461.71 .00 170.82 89.33 124.87 56.27 42.13 65.67 1082.16 .00 317.35 .00 46.62 .00 4.94 72.42 72.42 .00 51.46		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43 .31 .07 .05 .12 16.60 .00 9.61 .00 .61 .00 .01 .02 .02 .00 .01
MARIN COUNTY 21,905 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS 2,258 76 0 79 106 55 26 27 41 336 0 663 0 285 0 58 6 6 0 4 62	UNITS OF SERVICE OR DAYS OF CARE 132,644 551 0 107 898 472 215 211 153 5,305 0 3,421 0 1,022 0 86 8 8 0 14 113		EXPENDITURES 1,018,500.44 35,090.18 .00 13,495.16 9,468.48 6,867.92 1,463.02 1,137.54 2,692.47 363,604.26 .00 210,406.33 .00 13,288.10 .00 286.65 434.52 434.52 .00 205.82 12,901.99	PER	R UNIT/DAY 7.68 63.68 .00 126.12 10.54 14.55 6.80 5.39 17.60 68.54 .00 61.50 .00 13.00 .00 3.33 54.32 54.32 .00 14.70 114.18	PER ELIG 6.055 .025 .000 .005 .041 .022 .010 .010 .007 .242 .000 .156 .000 .047 .000 .004 .000 .004 .000	S	COST PER USER 451.06 461.71 .00 170.82 89.33 124.87 56.27 42.13 65.67 1082.16 .00 317.35 .00 46.62 .00 4.94 72.42 72.42 72.42 .00 51.46 208.10		COST PER ELIGIBLE 46.50 1.60 .00 .62 .43 .31 .07 .05 .12 16.60 .00 9.61 .00 .61 .00 .61 .00 .01 .59

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	731	117,908	39,092.78	.33	5.383	53.48	1.78
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3,822	32,105	\$ 678,399.24	\$ 21.13	1.466	\$ 177.50	\$ 30.97

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,621
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR ALL BLIND

MARIN COUNTY	SUMMARY OF SER	VICES FOR ALL BLIND					
					MON		-
990 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	762	39,586 \$	777 , 876.20	\$ 19.65	39.986 \$		
@PHYSICIANS SERVICES	144	417 \$		\$ 19.70	.421 \$		•
OUTPATIENT VISITS	39	46	1,677.41	36.47	.046	43.01	1.69
OFFICE VISITS	28	31	915.67	29.54	.031	32.70	.92
HOME VISITS	4	5	161.50	32.30	.005	40.38	.16
EMERGENCY ROOM	10	10	600.24	60.02	.010	60.02	.61
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	8	37	2,010.79	54.35	.037	251.35	2.03
HOSPITAL VISITS	4	27	1,699.03	62.93	.027	424.76	1.72
CRITICAL CARE	1	1	64.26	64.26	.001	64.26	.06
SNF/ICF/TRANS IP CARE	3	9	247.50	27.50	.009	82.50	.25
OPHTHALMOLOGICAL SERVICES	6	9	347.59	38.62	.009	57.93	.35
EXAMINATIONS	6	9	347.59	38.62	.009	57.93	.35
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	59.20	59.20	.001	59.20	.06
PRINCIPAL SURGEON	1	1	59.20	59.20	.001	59.20	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	11	423.99	38.54	.011	84.80	.43
PRINCIPAL SURGEON	3	4	135.93	33.98	.004	45.31	.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	7	288.06	41.15	.007	96.02	.29
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	49	234.12	4.78	.049	26.01	.24
RADIOLOGY	11	18	668.33	37.13	.018	60.76	.68
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	5	27.25	5.45	.005	9.08	.03
OTHER SERVICES/ALL X-OVERS	86	241	2,765.42	11.47	.243	32.16	2.79
@PHARMACY	609	17,633 \$		\$ 12.57	17.811 \$		
PRESCRIPTION DRUGS	584	2,229	207,411.19	93.05	2.252	355.16	209.51
SNF/ICF	39	310	18,134.04	58.50	.313	464.98	18.32
OUTPATIENTS	547	1,919	189,277.15	98.63	1.938	346.03	191.19
MEDICAL SUPPLIES	119	15,404	14,280.80	.93	15.560	120.01	14.43
@DENTIST	42	165 \$	•	\$ 45.50	.167 \$		•
VISITS - DIAGNOSTIC	27	101	1,512.75	14.98	.102	56.03	1.53
ORAL SURGERY	6	34	1,430.00	42.06	.034	238.33	1.44
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.10

4 179.50	.73
2 237.50	.48
7 119.10	1.20
0 .00	.00
6 693.33	2.10
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U DEC 2004	PAGE 6,622
	03/14/05
MONTHLY AVERAG	3E
AYS COST PER	COST PER
	22 237.50 17 119.10 00 .00 06 693.33 00 .00 00 .00 00 .00 00 .00 00 .00 RU DEC 2004

								'HLY AVERA	GE	
990 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST				COST PER
		OR DAYS OF CARE	C		PΕ	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	4	16	\$	577.24	\$	36.08	.016	\$ 144.31	\$.58
DIAGNOSTIC AND ANC. PROCED	3	3		162.00		54.00	.003	54.00		.16
EYE APPLIANCES	3	13		415.24		31.94	.013	138.41		.42
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	11	14	\$	43.58	\$	3.11	.014	\$ 3.96	\$.04
MEDICINE/INJECTIONS	1	1		24.00		24.00	.001	24.00		.02
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	10	13		19.58		1.51	.013	1.96		.02
@HOME HEALTH AGENCY	7	1,768	\$	52,633.12	\$	29.77	1.786	\$ 7519.02	\$	53.16
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	77	267	\$	29,315.84	\$	109.80		\$ 380.73	\$	29.61
HOSP INPATIENT TOTAL	8	8		23,202.71		2900.34	.008	2900.34		23.44
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	2	8		18,054.71		2256.84	.008	9027.36		18.24
ACCOMMODATIONS	2	8		5,370.00		671.25	.008	2685.00		5.42
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	2	8		5,370.00		671.25	.008	2685.00		5.42
ANCILLARIES	2	0		12,684.71		.00	.000	6342.36		12.81
INPATIENT CROSSOVERS	6	0		5,148.00		.00	.000	858.00		5.20
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	71	259		6,113.13		23.60	.262	86.10		6.17
MEDICAL	12	14		653.17		46.66	.014	54.43		.66
SURGERY	2	2		50.20		25.10	.002	25.10		.05
PATHOLOGY	16	61		908.77		14.90	.062	56.80		.92
RADIOLOGY	5	5		372.23		74.45	.005	74.45		.38
ROOM USE	19	25		1,124.72		44.99	.025	59.20		1.14
CROSSOVERS/ALL OTH OUTPINT	48	152		3,004.04		19.76	.154	62.58		3.03
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	Ō	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00

ADMINISTRATIVE DAYS	0		0		.00	. C	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.0			.00		.00
	0		0		.00	.0			.00		.00
ALL OTHER ACCOM	0		0		.00				.00		.00
ANCILLARIES	0		0		.00	.0					
INPATIENT CROSSOVERS	0		0			. C			.00		.00
ALL OTHER INPATIENT	U		0		.00				.00		
CO HOSP OUTPATIENT TOTAL	U		0		.00	.0			.00		.00
MEDICAL	U		0		.00	.0			.00		.00
SURGERY	Ü		0		.00	.0			.00		.00
PATHOLOGY	0		0		.00	.0			.00		.00
RADIOLOGY	0		0		.00	.0			.00		.00
ROOM USE	0		0		.00	.0			.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	. 0			.00		.00
#CALIF DEPT OF HEALTH SERV			PENDITURE	ES N	MONTH-OF-PAYMENT RE	EPORT FOR J	AN 2004 THRU	DEC	2004	P.	AGE 6,623
MOP024	FEE-FOR-SERVICE										03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR	ALL BLIN	ND							
									THLY AVERA	-	
990 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES		OST UNITS/DA	-	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	77		267	\$	29,315.84	\$ 109.8			380.73	\$	29.61
COMM HOSP INPATIENT TOTAL	8		8		23,202.71	2900.3			2900.34		23.44
HSC HOSPITALS	0		0		.00	. 0			.00		.00
NON-HSC HOSPITALS TOTAL	2		8		18,054.71	2256.8			9027.36		18.24
ACCOMMODATIONS	2		8		5,370.00	671.2			2685.00		5.42
ADMINISTRATIVE DAYS	0		0		.00	. 0			.00		.00
TRANSITIONAL IP CARE	0		0		.00	.0			.00		.00
ALL OTHER ACCOM	2		8		5,370.00	671.2			2685.00		5.42
ANCILLARIES	2		0		12,684.71	.0			6342.36		12.81
INPATIENT CROSSOVERS	6		0		5,148.00	.0			858.00		5.20
ALL OTHER INPATIENT	0		0		.00	.0			.00		.00
COMM HOSP OUTPATIENT TOTAL	71		259		6,113.13	23.6			86.10		6.17
MEDICAL	12		14		653.17	46.6			54.43		.66
SURGERY	2		2		50.20	25.1			25.10		.05
PATHOLOGY	16		61		908.77	14.9	.062		56.80		.92
RADIOLOGY	5		5		372.23	74.4	5 .005		74.45		.38
ROOM USE	19		25		1,124.72	44.9	.025		59.20		1.14
CROSSOVERS/ALL OTH OUTPINT	48		152		3,004.04	19.7	6 .154		62.58		3.03
@STATE HOSPITAL	0		0	\$.00	\$.0	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00	. 0	.000		.00		.00
DEVELOP. DISABLED	0		0		.00	.0	.000		.00		.00
@NURSING FACILITY	31		742	\$	104,570.70	\$ 140.9	.749	\$	3373.25	\$	105.63
LEV A-INTERMEDIATE	0		0		.00	. 0	.000		.00		.00

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LEV B-REHAB MD

LEV B-REGULAR

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@REHABILITATION FACILITY

HOSPITAL BASED HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

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LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

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INDEPENDENT FACILITY	17	147		2,172.77		14.78	.148	127.	81	2.19
@LABORATORY FACILITY	15	42	\$	621.94	\$	14.81	.042	\$ 41.	46	\$.63
PATHOLOGY	15	42		621.94		14.81	.042	41.	46	.63
XO AND OTHERS	0	0		.00		.00	.000		00	.00
@ORGANIZED OUTPATIENT CLINIC	37	53	\$	2,855.83	\$	53.88	.054	\$ 77.	18	\$ 2.88
CLINIC	8	18		343.95		19.11	.018	42.	99	.35
SURGICENTER	2	2		349.84		174.92	.002	174.	92	.35
HEROIN DETOX CLINIC	0	0		.00		.00	.000		00	.00
RURAL HEALTH CLINIC	27	33		2,162.04		65.52	.033	80.	8 0	2.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	IRES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC 2004		PAGE 6,624
MOP024	FEE-FOR-SERVICE	/DENTAL								03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR ALL BI	IND							
							M	ONTHLY AV	ERAG:	Ε
990 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S COST P	ER	COST PER
		OR DAYS OF CAP	RΕ		PEF	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	210	17 , 329	\$	187,249.12	\$	10.81	17.504	\$ 891.	66	\$ 189.14
DURABLE MED. EQUIP.	32	130		17,023.86		130.95	.131	532.	00	17.20
BLOOD BANK	0	0		.00		.00	.000		00	.00
HEARING AID DISPENSERS	13	18		2,877.84		159.88	.018	221.	37	2.91
MEDICAL TRANSPORTATION	10	159		1,446.98		9.10	.161	144.	70	1.46
AMBULANCES/AIR TRANS	6	122		1,147.18		9.40	.123	191.	20	1.16
OTHER TRANS	1	3		33.11		11.04	.003	33.	11	.03
OTHER SERVICES	3	34		266.69		7.84	.034	88.	90	.27
ACUPUNCTURE	0	0		.00		.00	.000		00	.00
ADULT DAY HEALTH CARE CTR	15	337		21,038.05		62.43	.340	1402.	54	21.25
GENETIC DISEASE TESTING	0	0		.00		.00	.000		00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	40	2,072		65,138.68		31.44	2.093	1628.	47	65.80
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		00	.00
OPTICIAN	8	28		1,502.28		53.65	.028	187.	79	1.52
PHYSICAL THERAPIST	0	0		.00		.00	.000		00	.00
PORTABLE X-RAY	3	5		61.57		12.31	.005	20.		.06
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	•	00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	62.76	20.92	.003	62.76	.06
SPEECH AND AUDIOLOGY	27	112	4,266.76	38.10	.113	158.03	4.31
HOSPICE SERVICES	3	92	16,730.48	181.85	.093	5576.83	16.90
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	45	3,806	52,961.27	13.92	3.844	1176.92	53.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	51	10,567	4,138.59	.39	10.674	81.15	4.18
@CALIF. CHILDREN SERVICES*	50	419	\$ 60,237.67	\$ 143.77	.423	\$ 1204.75	\$ 60.85
@XOVER EXCLUDING STATE HOSP**	150	558	\$ 24,599.35	\$ 44.08	.564	\$ 164.00	\$ 24.85

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

PAGE 6,625 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

						M	ONT	HLY AVERA	GE.	
42,269 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	33,661	1,028,065 \$	34,547,490.37	\$	33.60	24.322	\$	1026.34	\$	817.32
@PHYSICIANS SERVICES	8,319	25,943 \$	1,013,088.45	\$	39.05	.614	\$	121.78	\$	23.97
OUTPATIENT VISITS	3,525	5,162	219,882.27		42.60	.122		62.38		5.20
OFFICE VISITS	2,103	2,962	92,156.58		31.11	.070		43.82		2.18
HOME VISITS	61	67	2,529.80		37.76	.002		41.47		.06
EMERGENCY ROOM	1,493	1,931	119,700.11		61.99			80.17		2.83
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	1	1	120.00		120.00	.000		120.00		.00
OTHER OUTPATIENT	157	201	5,375.78		26.75	.005		34.24		.13
INPATIENT VISITS	920	3,622	177,019.99		48.87	.086		192.41		4.19
HOSPITAL VISITS	673	2,948	130,913.65		44.41	.070		194.52		3.10
CRITICAL CARE	83	292	33,617.62		115.13			405.03		.80
SNF/ICF/TRANS IP CARE	245	382	12,488.72		32.69			50.97		.30
OPHTHALMOLOGICAL SERVICES	193	224	9,297.19		41.51	.005		48.17		.22
EXAMINATIONS	193	224	9,297.19		41.51	.005		48.17		.22
SERVICES AND MATERIALS	0	0	.00		.00			.00		.00
INPATIENT HOSPITAL SURGERY	225	1,375	118,457.18		86.15			526.48		2.80
PRINCIPAL SURGEON	163	294	91,603.54		311.58	.007		561.98		2.17
ASSISTANT SURGEON	21	21	3,634.54		173.07	.000		173.07		.09
ANESTHESIOLOGIST	78	1,060	23,219.10		21.90			297.68		.55
OUTPATIENT SURGERY	586	1,613	97,548.31		60.48			166.46		2.31
PRINCIPAL SURGEON	439	634			115.55			166.88		1.73
ASSISTANT SURGEON	2	2	339.67		169.84			169.84		.01
ANESTHESIOLOGIST	166	977			24.51			144.28		.57
DIALYSIS	63	180			126.53			361.53		.54
PATHOLOGY	330	1,251	9,713.22		7.76			29.43		
RADIOLOGY	1,643	3 , 252	144,155.39		44.33			87.74		3.41
PSYCHIATRY	2	2	65.96		32.98			32.98		.00
IMMUNIZATION AND INJECTION	93	463	30,081.66		64.97	.011		323.46		.71
OTHER SERVICES/ALL X-OVERS	3,749	8 , 799				.208		49.10		4.36
@PHARMACY	27 , 457		18,719,227.46			12.316	\$		\$	
PRESCRIPTION DRUGS	27 , 033	124,268	15,493,039.77		124.67	2.940		573.12		366.53
SNF/ICF	2,305	17,109	2,244,581.74		131.19	.405		973.79		53.10
OUTPATIENTS	25,114	107,159	13,248,458.03		123.63	2.535		527.53		313.43

MEDICAL SUPPLIES	2,149	396,314	3,226,187.69	8.14	9.376	1501.25	76.33
@DENTIST	2,835	9 , 350 \$	343,658.42	\$ 36.75	.221 \$	121.22	\$ 8.13
VISITS - DIAGNOSTIC	1,986	5,888	91,010.09	15.46	.139	45.83	2.15
ORAL SURGERY	335	879	42,337.21	48.17	.021	126.38	1.00
DRUGS	13	13	75.00	5.77	.000	5.77	.00
ANESTHESIA	7	8	875.00	109.38	.000	125.00	.02
PERIODONTICS	230	259	29,536.48	114.04	.006	128.42	.70
ENDODONTICS	118	163	28,482.50	174.74	.004	241.38	.67
RESTORATIVE DENTISTRY	757	1,569	86,083.06	54.86	.037	113.72	2.04
PROSTHETICS	37	39	1,082.50	27.76	.001	29.26	.03
DENTURES, STAYPLATES	194	455	64,020.33	140.70	.011	330.00	1.51
SPACE MAINTAINERS	1	2	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	50.00	25.00	.000	25.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	67	72	71.25	.99	.002	1.06	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES 1	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	EC 2004	PAGE 6,626
MOP024	FEE-FOR-SERVICE/DI	ENTAL					03/14/05
MARIN COUNTY	SUMMARY OF SERVICE	ES FOR ALL DISABL	ED				
					MON	THLY AVERAG	GE
42,269 ELIGIBLES	USERS UI	NITS OF SERVICE	EXPENDITURES	AVERAGE COS'	T UNITS/DAYS	COST PER	COST PER
	(OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	340	853 \$	21,983.50	\$ 25.77	.020 \$	64.66	\$.52
DIAGNOSTIC AND ANC. PROCED	204	219	9,164.13	41.85	.005	44.92	.22

42,269 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ERAGE COST			COST PER
		OR DAYS OF CARE		R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	340	853	\$ 21,983.50	\$.020	\$	\$.52
DIAGNOSTIC AND ANC. PROCED	204	219	9,164.13	41.85	.005	44.92	.22
EYE APPLIANCES	197	605	•		.014	58.91	.27
OTHER OPTOMETRIC SERVICES	27	29	,		.001	44.98	.03
@CHIROPRACTOR	17	44	\$ 668.94	\$.001	\$	\$.02
VISITS	13	39	597.74	15.33	.001	45.98	.01
OTHER SERVICES	4	5	71.20	14.24	.000	17.80	.00
@PODIATRIST	417	545	\$ 9,864.09	\$.013	\$	\$.23
MEDICINE/INJECTIONS	219	245	6,649.80	27.14	.006	30.36	.16
SURGERY/ANES.	10	11	432.67	39.33	.000	43.27	.01
RADIO./PATHOLOGY	4	5	86.50	17.30	.000	21.63	.00
OTHER	196	284	2,695.12	9.49	.007	13.75	.06
@HOME HEALTH AGENCY	161	5 , 347	\$ 140,273.21	\$ 26.23	.126	\$ 871.26	\$ 3.32
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	2	2	\$ 80.00	\$ 40.00	.000	\$ 40.00	\$.00
FAMILY NURSE PRACTITIONER	13	32	\$	\$.001	31.70	.01
@TOTAL HOSPITAL	5,617	29 , 787	\$ 5,244,020.52	\$.705	\$	\$ 124.06
HOSP INPATIENT TOTAL	634	2 , 716	4,187,893.94	1541.93	.064	6605.51	99.08
HSC HOSPITALS	373	2,289	3,546,313.10	1549.28	.054	9507.54	83.90
NON-HSC HOSPITAL TOTAL	96	427	423,319.66	991.38	.010	4409.58	10.01
ACCOMMODATIONS	94	427	160,533.85	375.96	.010	1707.81	3.80
ADMINISTRATIVE DAYS	8	12	2,428.65	202.39	.000	303.58	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	87	415	158,105.20	380.98	.010	1817.30	3.74
ANCILLARIES	94	0	262,785.81	.00	.000	2795.59	6.22
INPATIENT CROSSOVERS	204	0	218,261.18	.00	.000	1069.91	5.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,206	27 , 071	1,056,126.58	39.01	.640	202.87	24.99
MEDICAL	1,299	2,176	91,068.28	41.85	.051	70.11	2.15
SURGERY	364	508	24,077.46	47.40	.012	66.15	.57
PATHOLOGY	1,442	7,640	97 , 889.69	12.81	.181	67.88	2.32
RADIOLOGY	1,336	2,464	263,691.30	107.02	.058	197.37	6.24
ROOM USE	2,073	2,942	117,962.32	40.10	.070	56.90	2.79

CROSSOVERS/ALL OTH OUTPTNT	2,808	11,341	461,437.5	3	40.69	.268	164.33	1	0.92
@COUNTY HOSPITAL TOTAL	118	583	\$ 111,738.9	9 \$ 1	191.66	.014	\$ 946.94	\$	2.64
CO HOSPITAL INPATIENT TOTAL	15	96	100,051.3	9 10	042.20	.002	6670.09		2.37
HSC HOSPITALS	14	87	96,416.5		108.24	.002	6886.89		2.28
NON-HSC HOSPITALS TOTAL	2	9	3,634.8		103.88	.000	1211.63		.09
	3		•						
ACCOMMODATIONS	3	9	2,081.7		231.30	.000	693.90		.05
ADMINISTRATIVE DAYS	0	0	.0	0	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.0	0	.00	.000	.00		.00
ALL OTHER ACCOM	3	9	2,081.7	0 2	231.30	.000	693.90		.05
ANCILLARIES	2	0	1,553.1	9	.00	.000	776.60		.04
INPATIENT CROSSOVERS	0	0	.0	0	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.0	0	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	111	487	11,687.6	0	24.00	.012	105.29		.28
MEDICAL	49	61	1,974.5	6	32.37	.001	40.30		.05
SURGERY	8	10	325.1	8	32.52	.000	40.65		.01
PATHOLOGY	35	201	2,718.6	3	13.53	.005	77.68		.06
RADIOLOGY	21	41	2,189.8	1	53.41	.001	104.28		.05
ROOM USE	65	81	3,164.9	7	39.07	.002	48.69		.07
CROSSOVERS/ALL OTH OUTPINT	36	93	1,314.4	5	14.13	.002	36.51		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	ES MONTH-OF-PAYMENT	REPORT I	FOR JAN 200	4 THRU	DEC 2004	PAGE	6,627
MOP024	FEE-FOR-SERVICE/DENTAL							03	/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	ALL DISA	ABLED						
		_				M	ONTHLY AVERA	GE	

,	ST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER EL	IGIBLE
	121.42
COMM HOSP INPATIENT TOTAL 623 2,620 4,087,842.55 1560.25 .062 6561.55	96.71
HSC HOSPITALS 362 2,202 3,449,896.60 1566.71 .052 9530.10	81.62
NON-HSC HOSPITALS TOTAL 93 418 419,684.77 1004.03 .010 4512.74	9.93
ACCOMMODATIONS 91 418 158,452.15 379.07 .010 1741.23	3.75
ACCOMMODATIONS 91 416 136,432.13 379.07 .010 1741.23 ADMINISTRATIVE DAYS 8 12 2,428.65 202.39 .000 303.58	.06
,	
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 ALL OTHER ACCOM 84 406 156,023.50 384.29 .010 1857.42	.00
	3.69
***************************************	6.18
INPATIENT CROSSOVERS 204 0 218,261.18 .00 .000 1069.91	5.16
ALL OTHER INPATIENT 0 0 .00 .00 .00	.00
COMM HOSP OUTPATIENT TOTAL 5,120 26,584 1,044,438.98 39.29 .629 203.99	24.71
MEDICAL 1,254 2,115 89,093.72 42.12 .050 71.05	2.11
SURGERY 356 498 23,752.28 47.70 .012 66.72	.56
PATHOLOGY 1,411 7,439 95,171.06 12.79 .176 67.45	2.25
RADIOLOGY 1,317 2,423 261,501.49 107.92 .057 198.56	6.19
ROOM USE 2,019 2,861 114,797.35 40.12 .068 56.86	2.72
CROSSOVERS/ALL OTH OUTPTNT 2,778 11,248 460,123.08 40.91 .266 165.63	10.89
@STATE HOSPITAL 6 158 \$ 110,643.13 \$ 700.27 .004 \$ 18440.52 \$	2.62
MENTALLY ILL 0 0 0 .00 .00 .00 .00	.00
DEVELOP. DISABLED 6 158 110,643.13 700.27 .004 18440.52	2.62
@NURSING FACILITY 820 24,537 \$ 3,336,354.27 \$ 135.97 .580 \$ 4068.72 \$	78.93
LEV A-INTERMEDIATE 9 366 23,126.16 63.19 .009 2569.57	.55
LEV B-REHAB MD 129 4,263 570,278.64 133.77 .101 4420.76	13.49
LEV B-SUBACUTE FREESTANDING 3 49 30,080.61 613.89 .001 10026.87	.71
LEV B-SUBACUTE HSPTL BASED 12 352 142,000.32 403.41 .008 11833.36	3.36
LEV B-TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00	.00
LEV B-REGULAR 668 19,507 2,570,868.54 131.79 .461 3848.61	60.82
@INTERMEDIATE CARE FACILDD 616 20,420 \$ 3,190,805.76 \$ 156.26 .483 \$ 5179.88 \$	75.49
ICF DDH 614 20,302 3,167,681.33 156.03 .480 5159.09	74.94
ICF DD 0 .00 .00 .000 .00	.00

ICF DDN/DDCN	2	118		23,124.43	}	195.97	.003	3	11562.22		.55
@HEMODIALYSIS TOTAL	220	5 , 890	\$	302,944.95	\$	51.43	.139	\$	1377.02	\$	7.17
HOSPITAL BASED	0	0		.00)	.00	.000)	.00		.00
HEMODIALYSIS CENTER	220	5 , 890		302,944.95	·)	51.43	.139)	1377.02		7.17
@REHABILITATION FACILITY	143	2,359	\$	33,590.88	\$	14.24	.056	\$	234.90	\$.79
HOSPITAL BASED	12	41		1,347.38	}	32.86	.001		112.28		.03
INDEPENDENT FACILITY	131	2,318		32,243.50)	13.91	.055	5	246.13		.76
@LABORATORY FACILITY	2,592	16,768	\$	156 , 875.02	\$	9.36	.397	\$	60.52	\$	3.71
PATHOLOGY	2,476	16,460		148,570.88	3	9.03	.389)	60.00		3.51
XO AND OTHERS	135	308		8,304.14	ļ.	26.96	.007	1	61.51		.20
@ORGANIZED OUTPATIENT CLINIC	4 , 755	7,847	\$	647,233.22	\$	82.48	.186	\$	136.12	\$	15.31
CLINIC	623	1,736		40,240.53	3	23.18	.041		64.59		.95
SURGICENTER	14	17		2,594.61	-	152.62	.000)	185.33		.06
HEROIN DETOX CLINIC	18	219		2,574.37	1	11.76	.005)	143.02		.06
RURAL HEALTH CLINIC	4,195	5 , 875		601,823.71	-	102.44	.139)	143.46		14.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	IRES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	J DEC	2004	P.	AGE 6,628
MOP024	FEE-FOR-SERVICE/DE	ENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERVICE	ES FOR ALL DI	SABL	ED							

----- MONTHLY AVERAGE -----42,269 ELIGIBLES USERS AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 4,680 357,601 1,275,766.41 3.57 8.460 \$ 272.60 \$ 30.18 535.41 DURABLE MED. EQUIP. 419 2,062 224,338.35 108.80 .049 5.31 .00 0 .00 BLOOD BANK .00 .000 .00 HEARING AID DISPENSERS 63 163 12,035.14 73.84 .004 191.03 .28 672 145.32 MEDICAL TRANSPORTATION 6,484 97,655.76 15.06 .153 2.31 594 90,202.46 15.17 151.86 AMBULANCES/AIR TRANS 5,948 .141 2.13 36 1,530.91 3.01 42.53 OTHER TRANS 509 .012 .04 57 OTHER SERVICES 27 5,922.39 219.35 .001 103.90 .14 129 ACUPUNCTURE 434 7,404.88 17.06 .010 57.40 .18 ADULT DAY HEALTH CARE CTR 182 2,280 158,072.13 69.33 .054 868.53 3.74 2 GENETIC DISEASE TESTING 162.00 81.00 .000 81.00 IHMC, MODEL-NF, NF, AIDS, MSSP 3,480 148,255.09 42.60 545.06 .082 3.51 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 539 1,983 24,370.23 12.29 .047 45.21 OPTICIAN PHYSICAL THERAPIST 4 25 328.40 13.14 .001 82.10 .01 1,801.50 PORTABLE X-RAY 47 95 18.96 .002 38.33 .04 52 239 143.68 660.38 PROSTHETIST/ORTHOTISTS 34,339.80 .006 52 239 34,339.80 143.68 .006 660.38 .81 PROSTHETICS ORTHOTICS 0 0 .00 .00 .000 .00 .00 13 25 551.06 22.04 PSYCHOLOGIST .001 42.39 .01 771 3,485 138,041.26 39.61 .082 179.04 SPEECH AND AUDIOLOGY 3.27 HOSPICE SERVICES 36 768 99,351.24 129.36 .018 2759.76 2.35 0 .00 .00 .00 .000 NONINST BIRTHING CENTERS .00 LOCAL EDUCATION AGENCIES 500 19,735 216,235.97 10.96 .467 432.47 5.12 EPSDT SUPPLEMENTAL SERVICE .00 0 0 .00 .00 .000 .00 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 1,323 316,341 112,823.60 85.28 .36 7.484 2.67 431 .295 \$ @CALIF. CHILDREN SERVICES* 12,480 3,389,945.24 \$ 7865.30 \$ 271.63 80.20 4,858 \$ 15.22 1.146 \$ 151.67 \$ @XOVER EXCLUDING STATE HOSP** 48,420 736,828.97 17.43

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MAKIN COONII	DOMMANT OF DER	VICES FOR ALL PARTITIES					~=
							.GE
98,530 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	37 , 071	178 , 993 \$	11,725,992.35	\$ 65.51	1.817 \$		
@PHYSICIANS SERVICES	11,530		1,521,426.03		·		·
OUTPATIENT VISITS	7 , 772	9 , 732	407 , 963.21	41.92	.099	52.49	4.14
OFFICE VISITS	3,740	4,724	153,741.42	32.54	.048	41.11	1.56
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4,114	4 , 655	237,422.55	51.00	.047	57.71	2.41
PREVENTIVE CARE	18	19	810.60	42.66	.000	45.03	.01
OB VISITS/COMPRE PERI	86	185	10,993.02	59.42	.002	127.83	.11
OTHER OUTPATIENT	132	149	4,995.62	33.53	.002	37.85	.05
INPATIENT VISITS	456	1,623	92,780.02	57.17	.016	203.46	.94
HOSPITAL VISITS	433	1,378	61 , 074.56	44.32	.014	141.05	.62
CRITICAL CARE	54	244	31 , 633.36	129.64	.002	585.80	.32
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.000	72.10	.00
OPHTHALMOLOGICAL SERVICES	292	367	15,141.15	41.26	.004	51.85	.15
EXAMINATIONS	292	367	15,141.15	41.26	.004	51.85	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	470	3,380	177,423.18	52.49	.034	377.50	1.80
PRINCIPAL SURGEON	239	309	109,819.42	355.40	.003	459.50	1.11
ASSISTANT SURGEON	38	38	6,656.58	175.17	.000	175.17	.07
ANESTHESIOLOGIST	238	3,033	60,947.18	20.09	.031	256.08	.62
OUTPATIENT SURGERY	1,415	2 , 785	303 , 641.81	109.03	.028	214.59	3.08
PRINCIPAL SURGEON	1,272	1,660	274,217.25	165.19	.017	215.58	2.78
ASSISTANT SURGEON	8	8	1,091.19	136.40	.000	136.40	.01
ANESTHESIOLOGIST	196	1,117	28,333.37	25.37	.011	144.56	.29
DIALYSIS	9	13	2,925.52	225.04	.000	325.06	.03
PATHOLOGY	734	1,824	13,546.94	7.43	.019	18.46	.14
RADIOLOGY	2,814	4,075	131,083.58	32.17	.041	46.58	1.33
PSYCHIATRY	1	1	44.30	44.30	.000	44.30	.00

IMMUNIZATION AND INJECTION	103	405		27,204.20		67.17	.004		264.12		.28
OTHER SERVICES/ALL X-OVERS	1,490	2,842		349,672.12		123.04	.029		234.68		3.55
@PHARMACY	14,840	41,182	\$	2,070,278.79	\$	50.27	.418	\$	139.51	\$	21.01
PRESCRIPTION DRUGS	14,679	31,833		1,992,650.63		62.60	.323		135.75		20.22
SNF/ICF	29	154		26,073.58		169.31	.002		899.09		.26
OUTPATIENTS	14,656	31 , 679		1,966,577.05		62.08	.322		134.18		19.96
MEDICAL SUPPLIES	561	9,349		77,628.16		8.30	.095		138.37		.79
@DENTIST	4,207	15,432	\$	439,874.40	\$	28.50	.157	\$	104.56	\$	4.46
VISITS - DIAGNOSTIC	3,207	10,989		178,164.63		16.21	.112		55.55		1.81
ORAL SURGERY	444	798		44,022.00		55.17	.008		99.15		.45
DRUGS	113	136		3,000.00		22.06	.001		26.55		.03
ANESTHESIA	11	11		900.00		81.82	.000		81.82		.01
PERIODONTICS	56	59		5,394.43		91.43	.001		96.33		.05
ENDODONTICS	238	335		46,834.50		139.80	.003		196.78		.48
RESTORATIVE DENTISTRY	1,271	2,814		142,957.84		50.80	.029		112.48		1.45
PROSTHETICS	14	14		460.00		32.86	.000		32.86		.00
DENTURES, STAYPLATES	31	110		9,011.00		81.92	.001		290.68		.09
SPACE MAINTAINERS	28	35		3,200.00		91.43	.000		114.29		.03
MAXILLOFACIAL SERVICES	12	14		540.00		38.57	.000		45.00		.01
FRACTURES, DISLOCATIONS	1	1		700.00		700.00	.000		700.00		.01
ORTHODONTIC SERVICES	56	61		4,090.00		67.05	.001		73.04		.04
ALL OTHER SERVICES	67	55		600.00		10.91	.001		8.96		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE	S MONT	TH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PAG:	E 6,630
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05

SUMMARY OF SERVICES FOR ALL FAMILIES

MARIN COUNTY

----- MONTHLY AVERAGE -----98,530 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE USER PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 439 1,077 26,459.48 \$ 24.57 .011 \$ 60.27 \$ 347 380 DIAGNOSTIC AND ANC. PROCED 15,690.58 41.29 .004 45.22 .16 10,591.19 236 690 15.35 EYE APPLIANCES .007 44.88 .11 7 25.39 25.39 OTHER OPTOMETRIC SERVICES 177.71 .000 .00 2 \$ 2 0 33.44 \$ 16.72 33.44 \$ @CHIROPRACTOR 1 .000 \$.00 VISITS 33.44 16.72 .000 33.44 .00 .00 OTHER SERVICES .00 .00 .000 68 54 @PODIATRIST 50 2,210.17 \$ 32.50 .001 \$ 44.20 \$.02 32.82 36.18 19.03 45 MEDICINE/INJECTIONS 1,772.21 .001 39.38 .02 10 361.84 .000 60.31 SURGERY/ANES. 4 0 38.06 RADIO./PATHOLOGY 76.12 .000 .00 .00 OTHER 0 .000 .00 .00 424 38,906.97 \$ 91.76 \$ 715 54.42 .007 \$ @HOME HEALTH AGENCY 3 NURSE ANESTHESIST 1 80.00 \$ 26.67 .000 \$ 80.00 \$ 40 \$ NURSE MIDWIFE 1,465.67 \$ 36.64 .000 \$ 244.28 \$.01 0 \$ 8 \$.000 \$.00 \$ PEDIATRIC NURSE PRACTITIONER .00 \$.00 FAMILY NURSE PRACTITIONER 4 124.83 \$ 15.60 .000 \$ 31.21 \$.00 184.94 @TOTAL HOSPITAL 7,521 27,088 5,009,594.86 .275 \$ 666.08 \$ 50.84 HOSP INPATIENT TOTAL 795 2,545 4,252,221.01 1670.81 .026 5348.71 730 2,325 5322.75 HSC HOSPITALS 3,885,607.81 1671.23 .024 39.44 NON-HSC HOSPITAL TOTAL 66 220 363,591.24 1652.69 .002 5508.96 3.69 220 579.55 1961.56 ACCOMMODATIONS .002 127,501.25 5 13 0 226.85 589.82 ADMINISTRATIVE DAYS 2,949.08 .000 .03 .00 .00 TRANSITIONAL IP CARE Ο .00 .000 .00 207 124,552.17 601.70 .002 2075.87 ALL OTHER ACCOM 65 .00 3632.15 ANCILLARIES 0 236,089.99 .000 2.40 .00 0 755.49 INPATIENT CROSSOVERS 4 3,021.96 .000 .03 ALL OTHER INPATIENT .00 .00 .000

	= 400	0.4 - 4.0					
HOSP OUTPATIENT TOTAL	7,109	24,543	757,373.85	30.86	.249	106.54	7.69
MEDICAL	1,437	2,269	116,346.78	51.28	.023	80.97	1.18
SURGERY	630	939	32,530.96	34.64	.010	51.64	.33
PATHOLOGY	2,039	7,761	85,864.96	11.06	.079	42.11	.87
RADIOLOGY	2,218	2 , 892	199,035.48	68.82	.029	89.74	2.02
ROOM USE	4 , 783	5 , 706	220,498.68	38.64	.058	46.10	2.24
CROSSOVERS/ALL OTH OUTPTNT	2,616	4,976	103,096.99	20.72	.051	39.41	1.05
@COUNTY HOSPITAL TOTAL	74	360 \$	34,794.84	\$ 96.65	.004	\$ 470.20	\$.35
CO HOSPITAL INPATIENT TOTAL	7	18	24,256.84	1347.60	.000	3465.26	.25
HSC HOSPITALS	6	16	18,895.02	1180.94	.000	3149.17	.19
NON-HSC HOSPITALS TOTAL	1	2	5,361.82	2680.91	.000	5361.82	.05
ACCOMMODATIONS	1	2	1,231.20	615.60	.000	1231.20	.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,231.20	615.60	.000	1231.20	.01
ANCILLARIES	1	0	4,130.62	.00	.000	4130.62	.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	69	342	10,538.00	30.81	.003	152.72	.11
MEDICAL	17	21	783.77	37.32	.000	46.10	.01
SURGERY	21	29	1,005.05	34.66	.000	47.86	.01
PATHOLOGY	31	133	2,351.33	17.68	.001	75.85	.02
RADIOLOGY	13	25	1,350.06	54.00	.000	103.85	.01
ROOM USE	40	71	3,855.28	54.30	.001	96.38	.04
CROSSOVERS/ALL OTH OUTPTNT	27	63	1,192.51	18.93	.001	44.17	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU 1	DEC 2004	PAGE 6,631
MOP024	FEE-FOR-SERVICE/D	ENTAL					03/14/05
MARIN COUNTY	SUMMARY OF SERVIC		IES				. ,
			-		Mo	ONTHLY AVERA	GE
98,530 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	COST PER
,,,,,,,,		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
				*/			

98,530 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAY	S (COST PER	 COST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	j	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7,458	26 , 728	\$ 4,974,800.02	\$ 186.13	.271	\$	667.04	\$ 50.49
COMM HOSP INPATIENT TOTAL	788	2,527	4,227,964.17	1673.12	.026		5365.44	42.91
HSC HOSPITALS	724	2,309	3,866,712.79	1674.63	.023		5340.76	39.24
NON-HSC HOSPITALS TOTAL	65	218	358,229.42	1643.25	.002		5511.22	3.64
ACCOMMODATIONS	64	218	126,270.05	579.22	.002		1972.97	1.28
ADMINISTRATIVE DAYS	5	13	2,949.08	226.85	.000		589.82	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	59	205	123,320.97	601.57	.002		2090.19	1.25
ANCILLARIES	64	0	231,959.37	.00	.000		3624.37	2.35
INPATIENT CROSSOVERS	4	0	3,021.96	.00	.000		755.49	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	7,051	24,201	746,835.85	30.86	.246		105.92	7.58
MEDICAL	1,421	2,248	115,563.01	51.41	.023		81.33	1.17
SURGERY	609	910	31,525.91	34.64	.009		51.77	.32
PATHOLOGY	2,009	7 , 628	83,513.63	10.95	.077		41.57	.85
RADIOLOGY	2,206	2 , 867	197 , 685.42	68.95	.029		89.61	2.01
ROOM USE	4,746	5 , 635	216,643.40	38.45	.057		45.65	2.20
CROSSOVERS/ALL OTH OUTPINT	2,591	4,913	101,904.48	20.74	.050		39.33	1.03
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	3	22	\$ 3,058.73	\$ 139.03	.000	\$	1019.58	\$.03
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	1	5	725.30	145.06	.000		725.30	.01
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	17		2,333.43		137.26	.000		1166.72		.02
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	19	1,502	\$	54,334.57	\$	36.17	.015	\$	2859.71	\$.55
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	19	1,502		54,334.57		36.17	.015		2859.71		.55
@REHABILITATION FACILITY	45	358	\$	6,654.89	\$	18.59	.004	\$	147.89	\$.07
HOSPITAL BASED	21	73		2,484.86		34.04	.001		118.33		.03
INDEPENDENT FACILITY	24	285		4,170.03		14.63	.003		173.75		.04
@LABORATORY FACILITY	3,724	16,002	\$	172,213.71	\$	10.76	.162	\$	46.24	\$	1.75
PATHOLOGY	3,710	15 , 975		170,376.05		10.67	.162		45.92		1.73
XO AND OTHERS	23	27		1,837.66		68.06	.000		79.90		.02
@ORGANIZED OUTPATIENT CLINIC	12,743	34 , 654	\$	2,143,355.56	\$	61.85	.352	\$	168.20	\$	21.75
CLINIC	3,421	20,808		407,471.71		19.58	.211		119.11		4.14
SURGICENTER	2	9		396.10		44.01	.000		198.05		.00
HEROIN DETOX CLINIC	9	172		1,902.79		11.06	.002		211.42		.02
RURAL HEALTH CLINIC	9,632	13 , 665		1,733,584.96		126.86	.139		179.98		17.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	JRES M	ONTH-OF-PAYMENT I	REPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 6,632
MOP024	FEE-FOR-SERVICE/DEN	TAL									03/14/05
MARIN COUNTY	SUMMARY OF SERVICES	FOR ALL FA	MILIE	S							
							N	r∩NT™	אסשואל עדטי	CF.	

MAKIN COONII	SUMMANT OF SEN	VICES FOR ALL FAMILIES					
					MOI	ITHLY AVERA	GE
98,530 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,567	13,793 \$	235,920.25	\$ 17.10	.140	91.91	\$ 2.39
DURABLE MED. EQUIP.	127	222	22,954.69	103.40	.002	180.75	.23
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	68	4,626.38	68.04	.001	385.53	.05
MEDICAL TRANSPORTATION	393	2,860	57 , 111.81	19.97	.029	145.32	.58
AMBULANCES/AIR TRANS	393	2,832	48,028.18	16.96	.029	122.21	.49
OTHER TRANS	2	22	73.75	3.35	.000	36.88	.00
OTHER SERVICES	6	6	9,009.88	1501.65	.000	1501.65	.09
ACUPUNCTURE	39	119	2,074.19	17.43	.001	53.18	.02
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	155	155	16,251.00	104.85	.002	104.85	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	488	1,518	17 , 297.77	11.40	.015	35.45	.18
PHYSICAL THERAPIST	3	12	174.33	14.53	.000	58.11	.00
PORTABLE X-RAY	1	2	60.26	30.13	.000	60.26	.00
PROSTHETIST/ORTHOTISTS	64	221	35 , 889.67	162.40	.002	560.78	.36
PROSTHETICS	63	220	35 , 793.17	162.70	.002	568.15	.36
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.00
PSYCHOLOGIST	7	27	1,737.64	64.36	.000	248.23	.02
SPEECH AND AUDIOLOGY	5	10	493.69	49.37	.000	98.74	.01
HOSPICE SERVICES	2	8	1,271.28	158.91	.000	635.64	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,230	7 , 393	73,925.61	10.00	.075	60.10	.75
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	68	1,178	2,051.93	1.74	.012	30.18	.02
@CALIF. CHILDREN SERVICES*	354	2 , 575 \$	714,970.78	\$ 277.66	.026	\$ 2019.69	\$ 7.26

@XOVER EXCLUDING STATE HOSP** 88 291 \$ 14,192.40 \$ 48.77 .003 \$ 161.28 \$.14

03/14/05

----- MONTHLY AVERAGE -----

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,633 MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

					MON		E
6,591 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,472	21,179 \$	1,082,231.39	\$ 51.10	3.213 \$	311.70	\$ 164.20
@PHYSICIANS SERVICES	685	1,737 \$	77,380.90	\$ 44.55	.264 \$		\$ 11.74
OUTPATIENT VISITS	446	562	24,184.30	43.03	.085	54.22	3.67
OFFICE VISITS	198	253	8,357.44	33.03	.038	42.21	1.27
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	252	292	14,971.54	51.27	.044	59.41	2.27
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	4	376.79	94.20	.001	94.20	.06
OTHER OUTPATIENT	10	13	478.53	36.81	.002	47.85	.07
INPATIENT VISITS	47	177	13,694.91	77.37	.027	291.38	2.08
HOSPITAL VISITS	40	127			.019	168.16	1.02
CRITICAL CARE	5	44	6,834.79	52.96 155.34	.007	1366.96	1.04
SNF/ICF/TRANS IP CARE	5	6	133.90	22.32	.001	26.78	.02
OPHTHALMOLOGICAL SERVICES	25	32	1,345.14	42.04	.005	53.81	.20
EXAMINATIONS	25	32	1,345.14	42.04	.005	53.81	.20
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29	373	14,215.68	38.11	.057	490.20	2.16
PRINCIPAL SURGEON	19	25	10,078.00	403.12	.004	530.42	1.53
ASSISTANT SURGEON	2	2	531.32	265.66	.000	265.66	.08
ANESTHESIOLOGIST	12	346	3,606.36	10.42	.052	300.53	.55
OUTPATIENT SURGERY	73	123	11,446.41	93.06	.019	156.80	1.74
PRINCIPAL SURGEON	66	81	10,088.70	124.55	.012	152.86	1.53
ASSISTANT SURGEON	1	1	163.81	163.81	.000	163.81	.02
ANESTHESIOLOGIST	8	41	1,193.90	29.12	.006	149.24	.18
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	38	71	402.93	5.68	.011	10.60	.06
	156	251		28.03	.038	45.10	1.07
RADIOLOGY	156	231	7,035.85		.000		
PSYCHIATRY	3		.00	.00		.00	.00
IMMUNIZATION AND INJECTION	75	6 142	40.98	6.83 35.31	.001 .022	13.66	.01 .76
OTHER SERVICES/ALL X-OVERS	963		5,014.70 128,219.68	35.31	1.539 \$	66.86	
@PHARMACY		· ,	128,219.68	۶ 12.04			
PRESCRIPTION DRUGS	947	1,804	125,300.10	69.46 107.51	.274	132.31	19.01
SNF/ICF	30	187	20,103.67	107.51	.028	670.12	3.05
OUTPATIENTS	917	1,617	105,196.43	65.06	.245	114.72	15.96
MEDICAL SUPPLIES	26	8,342	2,919.58	.35	1.266	112.29	.44
@DENTIST	243	1,101 \$		\$ 25.00	.167 \$		
VISITS - DIAGNOSTIC	197	841	13,063.40	15.53	.128	66.31	1.98
ORAL SURGERY	23	41	2,879.00	70.22	.006	125.17	. 44
DRUGS	3	3	75.00	25.00	.000	25.00	.01
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.03
PERIODONTICS	1	1	118.00	118.00	.000	118.00	.02
ENDODONTICS	17	21	2,192.50	104.40	.003	128.97	.33
RESTORATIVE DENTISTRY	72	170	7,380.00	43.41	.026	102.50	1.12
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	3	240.00	80.00	.000	120.00	.04

MAXILLOFACIAL SERVICES	1	1	47.50	47.50	.000	47.50	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	8	9	1,300.00	144.44	.001	162.50	.20
ALL OTHER SERVICES	3	8	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DE	EC 2004	PAGE 6,634
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					03/14/05
MARIN COUNTY	SUMMARY OF SERVICES	FOR ALL MEDICA	ALLY INDIGENT				

							M	INC	THLY AVERA	GE	
6,591 ELIGIBLES	USERS	UNITS OF SERVICE	Ē	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	E		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	16	35	\$	1,008.76	\$	28.82	.005	\$	63.05	\$.15
DIAGNOSTIC AND ANC. PROCED	15	16		657.30		41.08	.002		43.82		.10
EYE APPLIANCES	6	19		351.46		18.50	.003		58.58		.05
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	4	\$	131.38	\$	32.85	.001	\$	43.79	\$.02
MEDICINE/INJECTIONS	3	4		131.38		32.85	.001		43.79		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4	6	\$	359.70	\$	59.95	.001	\$	89.93	\$.05
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	3	\$	120.42	\$	40.14	.000	\$	40.14	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	478	1,830	\$	366 , 724.98	\$	200.40	.278	\$	767.21	\$	55.64
HOSP INPATIENT TOTAL	50	197		315,488.34		1601.46	.030		6309.77		47.87
HSC HOSPITALS	48	189		306 , 217.09		1620.20	.029		6379.52		46.46
NON-HSC HOSPITAL TOTAL	2	8		9,271.25		1158.91	.001		4635.63		1.41
ACCOMMODATIONS	2	8		4,813.92		601.74	.001		2406.96		.73

ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	0	0 0 8 0 0 0 1,633		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	2	8		4,813.92 4,457.33	601.74	.001	2406.96		.73
ANCILLARIES	2	0		4,457.33	.00	.000	2228.67		.68
INPATIENT CROSSOVERS	0	0		.00 .00 51,236.64	.00 .00 31.38 45.98 56.58	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	445	1,633		51,236.64	31.38	.248	115.14		7.77
MEDICAL	93	136		6,252.98	45.98	.021	67.24 71.25		.95
SURGERY	27	34		1,923.72	56.58	.005			.29
PATHOLOGY	143	628		6 , 979.57	11.11 88.74	.095	48.81		1.06
RADIOLOGY	141	190		16,859.86	88.74	.029	119.57		2.56
ROOM USE	311	386		14,882.29	38.56	.059	47.85		2.26
CROSSOVERS/ALL OTH OUTPTNT	132	259		4,338.22	16.75	.039	32.87		.66
@COUNTY HOSPITAL TOTAL	13	93	\$	27,419.79	\$ 294.84		2109.21	\$	4.16
CO HOSPITAL INPATIENT TOTAL	1	22		24,860.00	1130.00	.003	24860.00		3.77
HSC HOSPITALS	1	22		24,860.00	1130.00	.003	24860.00		3.77
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00 .00 .00 213.32 185.43		.00
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	12	71		2,559.79	.00 36.05 55.63 40.79 19.75	.011	213.32		.39
MEDICAL	3	10		556.28	55.63 40.79 19.75	.002	185.43		.08
SURGERY	3	5		203.95	40.79	.001	07.90		.03
PATHOLOGY	2	10		197.45	19.75	.002	98.73		.03
RADIOLOGY	3	3		102.76	34.25	.000	34.25		.02
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	10	25		1,321.15	52.85	.004	132.12		.20
CROSSOVERS/ALL OTH OUTPTNT	6	18		178.20	9.90	.003	29.70		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	.00 51,236.64 6,252.98 1,923.72 6,979.57 16,859.86 14,882.29 4,338.22 27,419.79 24,860.00 24,860.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN 2	2004 THRU DE	C 2004	PA	GE 6,635
MOP024	FEE-FOR-SERVICE	J/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR ALL ME	DICAL	LY INDIGEN'I				~-	
C FO1 BLICIPIES	Hanna	INTEG OF GERMAN	_		ATTERNACE COOR	MON			
6,591 ELIGIBLES	USERS	UNITS OF SERVICE	Ei D	EXPENDITURES	AVERAGE COST	UNITS/DAYS			
OCCUMUNITES HOODIEST BOEST	4.67	OR DAYS OF CAR	E	220 205 10	PER UNIT/DAY	PER ELIG	USER		LIGIBLE
COMMUNITY HOSPITAL TOTAL	467	1,/3/	Ş	339,305.19	\$ 195.34	.264 \$	726.56 5931.19	Ş	51.48 44.09
COMM HOSP INPATIENT TOTAL	49	1/5		290,628.34	1660.73	.027 .025	5931.19		44.09
NON HEC HOSPITALS	4 /	107		281,357.09	1004.//	.025	4635.63		1.41
NON-HSC HOSPITALS TOTAL	2	0		9,2/1.2J	601 74	.001	2406.96		.73
ACCOMMODALIONS	2	0		4,013.92	001.74	.000	.00		.73
ADMINISTRATIVE DATA	0	0		.00	.00	.000	.00		.00
ALL OFFER ACCOM	2	0		4 912 02	601 74	.001	2406.96		.73
ALL OTHER ACCOM	2	0		4,013.92	001.74	.000	2228.67		.68
ANCILLARIES	2	0		4,457.33	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 6,591 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0	0		.00	.00	.000	.00		.00
COMM ROSD OURDANTEND DODAY WITH OTHER THANTENT	425 U	1 562		.UU 10 676 05	.UU 21 16	.237	111 00		7.39
MEDICAL	400	176		40,070.03 5 606 70	JI.10 //5 21	.019	111.90 63.30		.86
GIIDCEDA	9 U	70		J, UJU. 7U	40.21	.004	71.66		.26
DY LROI OCA	1/12	29 610		1, 113.11 6 702 12	10 97	.094	47.76		1.03
DADIOLOGY	114	107		16 757 10	10.31	.094	101 10		1.03

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

138

303

126

0

187

361

241

0

16,757.10 13,561.14

4,160.02

.00 \$

89.61

37.57

17.26

.00

121.43

44.76

33.02

.00 \$

.028

.055

.037

.000 \$

2.54

2.06

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	24	831	\$	109,230.60	\$	131.44	.126	\$	4551.28	\$	16.57
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	6	400		49,298.83		123.25	.061		8216.47		7.48
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	18	431		59,931.77		139.05	.065		3329.54		9.09
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	Ś	.00	.000	Ś	.00	S	.00
ICF DDH	0	0	٧	.00	Υ	.00	.000	Ψ	.00	Υ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ś	.00	\$.00	.000	ċ	.00	ċ	.00
HOSPITAL BASED	0	0	ې	.00	ې		.000	Ş	.00	Ą	.00
	0	0				.00					.00
HEMODIALYSIS CENTER		•	Ċ	.00	ć	.00	.000	ċ	.00	Ċ	
@REHABILITATION FACILITY		174	\$	2,487.76	\$	14.30	.026	Ş	124.39	\$.38
HOSPITAL BASED	1	2		62.28		31.14	.000		62.28		.01
INDEPENDENT FACILITY	19	172	_	2,425.48	_	14.10	.026	_	127.66	_	.37
@LABORATORY FACILITY	175	525	Ş	6,836.31	\$	13.02	.080	Ş	39.06	Ş	1.04
PATHOLOGY	175	525		6,836.31		13.02	.080		39.06		1.04
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,763	3,313	\$	•	\$.503	\$		\$	51.36
CLINIC	149	762		18,656.11		24.48	.116		125.21		2.83
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	1	21		240.98		11.48	.003		240.98		.04
RURAL HEALTH CLINIC	1,620	2,530		319,646.54		126.34	.384		197.31		48.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES I	MONTH-OF-PAYMENT R	EPOR'	r for Jan	2004 THRU	DEC	2004	P.	AGE 6,636
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
MARIN COUNTY		VICES FOR ALL ME	DICA	LLY INDIGENT							
							M	ONT	HLY AVERA	GE -	
6,591 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	-	COST PER
,,,,,,		OR DAYS OF CAR				R UNIT/DAY	/	-	USER		ELIGIBLE
@ALL OTHER PROVIDERS	144	1,474	_ \$	23,661.87	\$.224		164.32		3.59
DURABLE MED. EQUIP.	4	4	7	389.58	-	97.40	.001	4	97.40	т.	.06
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEADING AID DICDENCEDO	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	45 45 0	433		9,306.54		21.49	.066		206.81		1.41
AMBULANCES/AIR TRANS	45	431		6,231.54		14.46	.065		138.48		.95
AMBULANCES/AIR IRANS	0	431		•		.00					.00
OTHER TRUNG	2	2		.00			.000		.00		
OTHER SERVICES				3,075.00		1537.50	.000		1537.50		. 47
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	2	2		210.00		105.00	.000		105.00		.03
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	16	54		605.56		11.21	.008		37.85		.09
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	1	2		60.26		30.13	.000		60.26		.01
PROSTHETIST/ORTHOTISTS	3	11		1,604.64		145.88	.002		534.88		.24
DDOGBURETOG	2	1.1		1 604 64		145 00	000		F 2 4 0 0		0.4

11

0

0

30

15

0

1,604.64

1,029.12

2,358.75

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145.88

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34.30

157.25

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534.88

128.64

1179.38

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.24

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.16

.36

.00

3

0

0

8

2

0

PROSTHETICS

HOSPICE SERVICES

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

ORTHOTICS

PSYCHOLOGIST

LOCAL EDUCATION AGENCIES	60	920	8,073.39	8.78	.140	134.56	1.22
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	3	24.03	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	66	858	\$ 177,949.69	\$ 207.40	.130	\$ 2696.21	\$ 27.00
@XOVER EXCLUDING STATE HOSP**	1	0	\$ 328.50	\$.00	.000	\$ 328.50	\$.05

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,637
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

O ELIGIBLES
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00
@PHYSICIANS SERVICES 0 0 \$.00 \$.00 <t< td=""></t<>
OUTPATIENT VISITS 0 0 .00 <
OFFICE VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
HOME VISITS 0 0 .00 <
EMERGENCY ROOM 0 0 .00 .00 .00 .00 .00 PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00 .00 .00
EMERGENCY ROOM 0 0 .00 .00 .00 .00 .00 PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00 .00 .00
OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00 .00 .00
OTHER OUTPATIENT 0 0 .00 .00 .00 .00 .00 00
••••
INPATIENT VISITS 0 0 .00 .00 .00 .00 .00 .00
HOSPITAL VISITS 0 0 .00 .00 .00 .00 .00 .00
CRITICAL CARE 0 0 .00 .00 .00 .00 .00 .00
SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00 .00 .00
OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00 .00 .00
EXAMINATIONS 0 0 .00 .00 .00 .00 .00 .00
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00 .00 .00
INPATIENT HOSPITAL SURGERY 0 0 .00 .00 .00 .00 .00 .00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00 .00 .00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 .00
OUTPATIENT SURGERY 0 0 .00 .00 .00 .00 .00 .00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00 .00 .00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 .00
DIALYSIS 0 0 .00 .00 .00 .00 .00 .00
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00
PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00 .00
OTHER SERVICES/ALL X-OVERS 0 0 .00 .00 .00 .00 .00 .00
@PHARMACY 0 0 \$.00 \$.00 \$.00 \$.00
PRESCRIPTION DRUGS 0 0 .00 .00 .00 .00 .00 .00
SNF/ICF 0 0 .00 .00 .00 .00 .00 .00
OUTPATIENTS 0 0 .00 .00 .00 .00 .00 .00
MEDICAL SUPPLIES 0 0 .00 .00 .00 .00 .00 .00
@DENTIST 0 0 \$.00 \$.00 \$.00 \$.00
VISITS - DIAGNOSTIC 0 0 .00 .00 .00 .00 .00 .00
ORAL SURGERY 0 0 .00 .00 .00 .00 .00 .00
DRUGS 0 0 .00 .00 .00 .00 .00 .00
ANESTHESIA 0 0 .00 .00 .00 .00 .00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONTH	-OF-PAYMENT REPOR	RT FOR JAN 200)4 THRU I	DEC 2004	PAGE 6,638
MOP024	FEE-FOR-SERVICE/DENTAI						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FO	OR RENAL DIALYSIS		AID CODES 71	L		
					MC	ONTHLY AVERAG	E

						M			GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	Ü	Ü	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MON'	TH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	EC 2004	PAGE 6,639
MOP024	FEE-FOR-SERVICE/D	ENTAL					03/14/05
MARIN COUNTY	SUMMARY OF SERVIC	ES FOR RENAL DIALYSI:	S	AID CODES	71		
					MON	THLY AVERAG	- m
					MON	ATIITI TAATIVA	JE
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 ELIGIBLES		NITS OF SERVICE OR DAYS OF CARE	EXPENDITURES				
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL			EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$.00	UNITS/DAYS	COST PER USER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		OR DAYS OF CARE	.00	PER UNIT/DAY \$.00	UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COST PER ELIGIBLE \$.00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL		OR DAYS OF CARE	.00	PER UNIT/DAY \$.00 .00	UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COST PER ELIGIBLE \$.00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS		OR DAYS OF CARE	.00	PER UNIT/DAY \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL		OR DAYS OF CARE	.00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS		OR DAYS OF CARE	.00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS		OR DAYS OF CARE	.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE		OR DAYS OF CARE	.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM		OR DAYS OF CARE	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS		OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT		OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS		OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	JRES MONTH-	-OF-PAYMENT RE	EPORI	FOR JAN 200	04 THRU	DEC	2004	PAGE	6,640
MOP024	FEE-FOR-SERVICE/DENTAL									0.3	14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	RENAL	DIALYSIS			AID CODES 7	1				
							M	ONT	HLY AVERAC	GE	

					MON'	I'HLY AVERAG	近
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,641 FEE-FOR-SERVICE/DENTAL

03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

					MON7	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@ PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	,	0.0	.000	.00		.00
	0	0	\$						\$	
@DENTIST	•		Ş	.00		00			Ş	.00
VISITS - DIAGNOSTIC	0	0		.00		00	.000	.00		.00
ORAL SURGERY	0	0		.00		00	.000	.00		.00
DRUGS	0	0		.00		00	.000	.00		.00
ANESTHESIA	0	0		.00		00	.000	.00		.00
PERIODONTICS	0	0		.00		0.0	.000	.00		.00
ENDODONTICS	0	0		.00		0.0	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		0.0	.000	.00		.00
PROSTHETICS	0	0		.00	. (0.0	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	. (0.0	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	. (0.0	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	. (0.0	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	. (0.0	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		0.0	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			TIRES N	MONTH-OF-PAYMENT RE					P	AGE 6,642
MOP024	FEE-FOR-SERVICE/		LOINED I	TONIII OF TATMENT IN	TONT FOR (JAN Z	.004 IIIICO DI	3C 2004	1.7	03/14/05
MARIN COUNTY	SUMMARY OF SERVI		DARFI	JTERAT. NIITRITTON	AID C	ODES	73			03/11/03
MARCIN COUNTI	SOMMAN OF SERVE	CES FOR TOTAL	ı ımı	VIENAL NOTIVITION	AID C		MOI	JTHLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE (трог	UNITS/DAYS	COST PER		COST PER
00 EHICIDHED	OBERS	OR DAYS OF CA		EMI ENDITORES	PER UNIT		PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	OR DAID OF CF	\$.00		00	.000		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	Y	.00		00	.000	.00	Y	.00
	0	0		.00				.00		
EYE APPLIANCES	0					00	.000			.00
OTHER OPTOMETRIC SERVICES	0	0	Ċ	.00		00	.000	.00	<u>_</u>	.00
@CHIROPRACTOR	U	0	\$.00	•	00	.000		\$.00
VISITS	U	0		.00		00	.000	.00		.00
OTHER SERVICES	0	0		.00		00	.000	.00		.00
@PODIATRIST_	0	0	\$.00	•	0.0	.000		\$.00
MEDICINE/INJECTIONS	0	0		.00		0.0	.000	.00		.00
SURGERY/ANES.	0	0		.00	. (0.0	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		0.0	.000	.00		.00
OTHER	0	0		.00	. (0.0	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.	0.0	.000	.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.	0.0	.000	.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$. (0.0	.000	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$. (0.0	.000	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.	0.0	.000	.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00		0.0	.000	.00	\$.00
HOSP INPATIENT TOTAL	0	0	·	.00	. (0.0	.000	.00		.00
HSC HOSPITALS	0	0		.00		00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		00	.000	.00		.00
ANCILLARIES	0	0		.00		00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		00	.000	.00		.00
ALL CIREX INPALLENT	0	0		.00		20	.000	.00		.00

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HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

0

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CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0						
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					PAGE 6,643
MOP024	FEE-FOR-SERVIC			Eloni lon om,	LOUI IIII(O DEO	2001	03/14/05
MARIN COUNTY		VICES FOR TOTAL PARE	NTERAL MITTRITON	AID CODES	73		03/14/03
MAKIN COONII	DOMMANT OF DER	VICES FOR TOTAL TAKE	NIEKAE NOIKIIION	AID CODES	MONT	UIV AUEDAC	·
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 FILGIBLES	CALCO	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
ACOMMINITED HORDINAL MODAL	0		0.0	- ,	_		-
@COMMUNITY HOSPITAL TOTAL			.00	, , , , , , , , , , , , , , , , , , , ,	.000 \$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	
-	0	0 Ş			·	.00	
MENTALLY ILL			.00	.00	.000		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
TEN B-CHIBACHTE EDEECTANDING	<u> </u>	Ō	0.0	$\cap \cap$	$\cap \cap \cap$	\cap	0.0

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LEV B-REGULAR

ICF DDH

ICF DD

LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXP	PENDITUR	ES MOI	NTH-OF-PAYMENT RE	PORT	FOR JAN 2	2004 THRU	DEC	2004	PAGE	6,644
MOP024	FEE-FOR-SERVICE/D										03	3/14/05
MOP024 MARIN COUNTY	FEE-FOR-SERVICE/D SUMMARY OF SERVIC		TOTAL P	ARENTI	ERAL NUTRITION		AID CODES					3/14/05
MARIN COUNTY	SUMMARY OF SERVIC	ES FOR						I		THLY AVERA	GE	
	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		ERAL NUTRITION EXPENDITURES	AVE	RAGE COST	I	YS	COST PER	GE COSI	PER
MARIN COUNTY 00 ELIGIBLES	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES	AVE	RAGE COST UNIT/DAY	UNITS/DAT	YS G	COST PER USER	GE COST ELIG	 PER SIBLE
MARIN COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES .00	AVE	RAGE COST UNIT/DAY	UNITS/DATE PER ELIC	YS G	COST PER USER .00	GE COSI	PER GIBLE
MARIN COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES .00 .00	AVE	RAGE COST UNIT/DAY .00	UNITS/DA PER ELIC .000	YS G	COST PER USER .00 .00	GE COST ELIG	PER GIBLE .00
MARIN COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00	UNITS/DA' PER ELIC .000 .000	YS G	COST PER USER .00 .00	GE COST ELIG	PER GIBLE .00 .00
MARIN COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES	AVE	RAGE COST UNIT/DAY .00 .00 .00	UNITS/DA PER ELIC .000 .000 .000	YS G	COST PER USER .00 .00 .00	GE COST ELIG	F PER GIBLE .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES	AVE	RAGE COST .UNIT/DAY .00 .00 .00 .00 .00	UNITS/DA PER ELIC .000 .000 .000 .000 .000	YS G	COST PER USER .00 .00 .00 .00 .00	GE COST ELIG	PER GIBLE .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES	AVE	RAGE COST .UNIT/DAY .00 .00 .00 .00 .00 .00	UNITS/DA PER ELIC .000 .000 .000 .000 .000 .000	YS G	COST PER USER .00 .00 .00 .00 .00 .00	GE COST ELIG	PER GIBLE .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DA PER ELIC .000 .000 .000 .000 .000 .000 .000	YS G	COST PER USER .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DA PER ELIC .000 .000 .000 .000 .000 .000 .000 .0	YS G	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DA PER ELIC .000 .000 .000 .000 .000 .000 .000 .0	YS G	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST ELIG	PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DA PER ELIC .000 .000 .000 .000 .000 .000 .000 .0	YS G	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	\$.00	\$.00	.000	\$.0	0 \$.00
0	0	\$.00	\$.00	.000	\$.0	0 \$.00
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 .00 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 .00 0	0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0	0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 <td< td=""><td>0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00</td></td<>	0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,645
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

----- MONTHLY AVERAGE -----00 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE 0 @TOTAL, ALL PROVIDERS .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 0 .00 \$.00 .000 \$.00 \$.00 .00 OUTPATIENT VISITS .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 HOME VISITS .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .00 .00 INPATIENT VISITS .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .000 .00 CRITICAL CARE .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 .00 .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 ASSISTANT SURGEON .000 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .000 ASSISTANT SURGEON .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .00 .000 DIALYSIS .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 PSYCHIATRY .00 .000 .00 .00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU D	EC 2004	PAGE 6,646
MODO24	FFF_FOD_CFDUTCF / DENITA	Г					02/11/05

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57
------ MONTHLY AVERAGE -------

								HLY AVERA	GĽ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DEC	2004 E	PAGE 6,647
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIE	INS AID O	CODES 51 52 56	57		
					MONTHI	TAN ALLEDACE	

					MONT	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-	-OF-PAYMENT F	REPORT	FOR JAN 2004	THRU	DEC 200	4	PAGI	•
MOP024	FEE-FOR-SERVICE/DENTAL									(3/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	IRCA A	LIENS	AID	CODES	51 52 56 57					
							N	MONTHLY	AVERA	GE	

					MONT	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00

0 \$.00 \$.00 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0

03/14/05

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,649 MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

MAKIN COONII	SOMMANT OF SEN	VICES FOR MI/MN	VIIII	WIIIOOI SIS AID (JODE 33 36 3F			
						MO	NTHLY AVERA	GE
4,157 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,957	18,540	\$	1,355,341.59	\$ 73.10	4.460	\$ 692.56	\$ 326.04
@PHYSICIANS SERVICES	706	1,937	\$	134,370.18	\$ 69.37	.466	\$ 190.33	\$ 32.32
OUTPATIENT VISITS	219	254		15,625.22	61.52	.061	71.35	3.76
OFFICE VISITS	23	29		1,330.00	45.86	.007	57.83	.32
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	188	211		13,048.58	61.84	.051	69.41	3.14
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	12	14		1,246.64	89.05	.003	103.89	.30
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	67	192		11,987.15	62.43	.046	178.91	2.88
HOSPITAL VISITS	63	155		7,189.82	46.39	.037	114.12	1.73
CRITICAL CARE	8	37		4,797.33	129.66	.009	599.67	1.15
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	60	383		21,189.89	55.33	.092	353.16	5.10
PRINCIPAL SURGEON	23	24		12,263.24	510.97	.006	533.18	2.95
ASSISTANT SURGEON	4	4		660.77	165.19	.001	165.19	.16
ANESTHESIOLOGIST	37	355		8,265.88	23.28	.085	223.40	1.99
OUTPATIENT SURGERY	176	326		57 , 992.89	177.89	.078	329.51	13.95
PRINCIPAL SURGEON	163	228		55,500.14	243.42	.055	340.49	13.35

ASSISTANT SURGEON	2	2		373.00		186.50	.000		186.50		.09
ANESTHESIOLOGIST	15	96		2,119.75		22.08	.023		141.32		.51
DIALYSIS	11	14		3,150.56		225.04	.003		286.41		.76
PATHOLOGY	7	8		154.51		19.31	.002		22.07		.04
RADIOLOGY	326	489		15,962.34		32.64	.118		48.96		3.84
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		19.46		9.73	.000		9.73		.00
OTHER SERVICES/ALL X-OVERS	142	269		8,288.16		30.81	.065		58.37		1.99
@PHARMACY	550	1,668	\$	73,007.24	\$	43.77	.401	\$	132.74	\$	17.56
PRESCRIPTION DRUGS	530	1,298		57 , 692.78		44.45	.312		108.85		13.88
SNF/ICF	1	1		7.41		7.41	.000		7.41		.00
OUTPATIENTS	529	1,297		57 , 685.37		44.48	.312		109.05		13.88
MEDICAL SUPPLIES	81	370		15,314.46		41.39	.089		189.07		3.68
@DENTIST	22	69	\$	943.00	\$	13.67	.017	\$	42.86	\$.23
VISITS - DIAGNOSTIC	21	54		590.00		10.93	.013		28.10		.14
ORAL SURGERY	5	8		298.00		37.25	.002		59.60		.07
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		55.00		55.00	.000		55.00		.01
ENDODONTICS	1	1		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	5		.00		.00	.001		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES M	IONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2004 THRU	DEC	2004	PA	GE 6,650
MOP024	FEE-FOR-SERVICE/DENTA										03/14/05
MARIN COUNTY	SUMMARY OF SERVICES F	OR MI/MN	ALIEN	WITHOUT SIS AID	CODE	55 58 5F					

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								M	ONT	HLY AVERA	GE	
4,157 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE	ŀ		PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	75		93	\$	4,859.67	\$	52.25	.022	\$	64.80	\$	1.17
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	491	:	2 , 050	\$	897 , 499.60	\$	437.80	.493	\$	1827.90	\$	215.90
HOSP INPATIENT TOTAL	153		517		853 , 923.51		1651.69	.124		5581.20		205.42
HSC HOSPITALS	151		514		845,268.09		1644.49	.124		5597.80		203.34
NON-HSC HOSPITAL TOTAL	2		3		8,655.42		2885.14	.001		4327.71		2.08
ACCOMMODATIONS	2		3		1,601.15		533.72	.001		800.58		.39

ADMINIBILATIVE DATE	O	O	• 0 0	• 0 0	.000	• 0 0	• 0 0
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3	1,601.15	533.72	.001	800.58	.39
ANCILLARIES	2	0	7,054.27	.00	.000	800.58 3527.14	1.70
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATTENT TOTAL	408	1 - 533	43.576.09	28 43	.369	106.80 51.29	10.48
MEDICAL	66	95	3.385 30	35 63	.023	51 29	.81
SURGERY	55	125	2 750 81	22 01	.030	50 01	.66
PATHOLOGY	142	600	6 163 37	10 27	.144	43.40	1.48
RADIOLOGY	169	224	17 256 22	77 10	.054	102.70	4.18
DOOM HOD	177	224	17,330.22	77.40	.051		2.06
CDOCCOVEDG /ALL ONL OVEDDAM	177 179	214	0,344.04	39.93 10 FF	.066	48.27 30.03	1.29
CROSSOVERS/ALL OTH COTPINI	1/9	0 3 0 0 0 1,533 95 125 600 224 214 275 35 \$	5,3/5./5	39.93 19.55 \$ 59.71 1100.00	.000		
@COUNTY HOSPITAL TOTAL	4	35 Ş	2,089.94	\$ 59./L	.008	\$ 522.49	•
CO HOSPITAL INPATIENT TOTAL	1	1	1,100.00	1100.00 1100.00	.000	1100.00	.26
HSC HOSPITALS	1	Ţ	1,100.00	1100.00	.000	1100.00	.26
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	()()()	()()	()()
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	3	34	989.94	.00 29.12	.008	329.98	.24
MEDICAL	0	0	.00	.00 30.11 20.86	.000	.00	.00
SURGERY	2	4	120.42	30.11	.001	60.21	.03
PATHOLOGY	2	13	271.20	20.86	.003	135.60	.07
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	8	517.78	64.72	.002	258.89	.12
CROSSOVERS/ALL OTH OUTPTNT	3	9	80.54	8.95	.002	.00 .00 .00 329.98 .00 60.21 135.60 .00 258.89 26.85	.02
#CALIF DEPT OF HEALTH SERV				EPORT FOR JAN 2	ONA THREE D	EC 2004	PAGE 6,651
	FEE-FOR-SERVICE		HOWIN OF THIRDNE IN	DIONI ION OIN 2	.001 1111(0 D	BC 2001	03/14/05
MARIN COUNTY		ICES FOR MI/MN ALI	EN WITHOUT SIS AID	CODE 55 58 5F			03/11/03
PARTIN COUNTY	SOPPART OF SERV	TOES FOR MITTIN ALL	EN WITHOUT SIS AID	CODE 33 30 31	MOI	אייים א אייים א	GE
4,157 ELIGIBLES	HCFDC	INTTO OF SERVICE	EXPENDITURES	AMEDACE COOT			
4,137 EDIGIDDES	USERS 487 152 150 2	OR DAYS OF CARE		עת/ חדומוז מקם	DED ELIC	COSI FER	ELIGIBLE
ACOMMINITAL HORDINAL MODAL	107	OR DAIS OF CARE		C AAA 27	AOE AOE		\$ 215.40
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	152	2,015 \$	050,409.00	1 444.37	.124	F C10 C0	205.15
	152	510	895,409.66 852,823.51 844,168.09 8,655.42 1,601.15 .00	1032.70	122	5610.68 5627.79	203.13
HSC HOSPITALS	130	213	044,100.09	1043.33	.123 .001	1227.79	2.08
NON-HSC HOSPITALS TOTAL	2	3	8,655.42	2883.14	.001	4327.71 800.58	2.08
ACCOMMODATIONS	2	3	1,601.15	533.72	.001		
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	Ü	.00	.00	.000	.00	
ALL OTHER ACCOM	2	3	1,601.15	533.72	.001	800.58 3527.14	.39
ANCILLARIES	2	0	7,054.27	.00	.000	3527.14	1.70
INPATIENT CROSSOVERS	2 0 0 2 2	2,015 \$ 516 513 3 0 0 0 0 1,499 95 121 587 224	.00	.00	.000	800.58 3527.14 .00 .00 105.15 51.29 49.63 42.09 102.79	.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	405	1,499	42,586.15	28.41	.361	105.15	10.24
MEDICAL	66	95	3,385.30	35.63	.023	51.29	.81
SURGERY	53	121	2,630.39	21.74	.029	49.63	.63
PATHOLOGY	140	587	5,892.17	10.04	.141	42.09	1.42
RADIOLOGY	169	224	17,356.22	77.48	.054	102.70	4.18
	175	206	0 026 06	20 07	050	15 07	1 02

8,026.86

5,295.21

.00 \$

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ADMINISTRATIVE DAYS

ROOM USE

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPTNT

0

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MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	7	.00	-	.00	.000	-1	.00	7	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	•	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	Ś	.00	.000	Ċ		Ś	.00
ICF DDH	0	0	Ą	.00	Ą	.00	.000	۲	.00	۲	.00
ICF DDH ICF DD	0	0		.00		.00	.000		.00		.00
ICF DD ICF DDN/DDCN	0	0				.00					.00
	15	· ·	ć	.00	Ċ		.000	<u>_</u>	.00	ć	
@HEMODIALYSIS TOTAL	12	943	\$	28,863.24	\$	30.61	.227	Þ	1924.22	Ş	6.94
HOSPITAL BASED	-	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	15	943		28,863.24		30.61	.227		1924.22		6.94
@REHABILITATION FACILITY	1	1	\$	21.19	\$	21.19	.000	Ş		\$.01
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	1	_	21.19	_	21.19	.000	_	21.19	_	.01
@LABORATORY FACILITY	627	2,352	Ş	25 , 287.69	\$	10.75	.566	Ş	40.33	Ş	6.08
PATHOLOGY	626	2,351		25 , 248.76		10.74	.566		40.33		6.07
XO AND OTHERS	1	1		38.93		38.93	.000		38.93		.01
@ORGANIZED OUTPATIENT CLINIC	1,085	9,167	\$	174,755.66	\$	19.06	2.205	\$	161.07	\$	42.04
CLINIC	938	8 , 806		128,918.74		14.64	2.118		137.44		31.01
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	206	361		45 , 836.92		126.97	.087		222.51		11.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES M	MONTH-OF-PAYMENT R	EPOR1	r for jan 2	2004 THRU I	DEC	2004	P.	AGE 6,652
MOP024	FEE-FOR-SERVIC	E/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SER	JICES FOR MI/MN .	ALIEN	WITHOUT SIS AID	CODE	55 58 5F					
							MC	TNC	HLY AVERA	GΕ	
4,157 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	130	260	\$	15,734.12	\$	60.52	.063	\$	121.03	\$	3.78
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	26	153		4,674.37		30.55	.037		179.78		1.12
AMBULANCES/AIR TRANS	26	152		2,874.37		18.91	.037		110.55		.69
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		1,800.00		1800.00	.000		1800.00		.43
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	102	102		10,710.00		105.00	.025		105.00		2.58
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
OFFICIAN	0	0		.00		.00	.000		.00		.00

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PHYSICAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

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PORTABLE X-RAY

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	7	120	\$ 32,924.89	\$ 274.37	.029	\$ 4703.56	\$ 7.92
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

 $[\]ensuremath{\emptyset^{\star}}$ Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,653
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

MARIN COUNTY	SUMMARY OF SER	VICES FOR REFUGEES		AID	CODES	01 02 08	0A			
							M			
77 ELIGIBLES	USERS	UNITS OF SERVICE	EXPEN	DITURES			UNITS/DAY	S (COST PER
		OR DAYS OF CARE			PER	- ,	PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	43	189 \$,641.21	\$	77.47	2.455		340.49	190.15
@PHYSICIANS SERVICES	20	47 \$	2	,757.59	\$	58.67	.610	\$	137.88	\$ 35.81
OUTPATIENT VISITS	8	9		570.46		63.38	.117		71.31	7.41
OFFICE VISITS	3	3		128.40		42.80	.039		42.80	1.67
HOME VISITS	0	0		.00		.00	.000		.00	.00
EMERGENCY ROOM	5	6		442.06		73.68	.078		88.41	5.74
PREVENTIVE CARE	0	0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	.00
INPATIENT VISITS	1	1		32.46		32.46	.013		32.46	.42
HOSPITAL VISITS	1	1		32.46		32.46	.013		32.46	.42
CRITICAL CARE	0	0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	.00
EXAMINATIONS	0	0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	2	3		996.02		332.01	.039		498.01	12.94
PRINCIPAL SURGEON	2	3		996.02		332.01	.039		498.01	12.94
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	2	12		360.71		30.06	.156		180.36	4.68
PRINCIPAL SURGEON	1	1		54.73		54.73	.013		54.73	.71
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	1	11		305.98		27.82	.143		305.98	3.97
DIALYSIS	0	0		.00		.00	.000		.00	.00
PATHOLOGY	1	4		22.54		5.64	.052		22.54	.29
RADIOLOGY	8	10		331.30		33.13	.130		41.41	4.30
PSYCHIATRY	0	0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	5	8		444.10		55.51	.104		88.82	5.77
@PHARMACY	4	4 \$		243.10	\$	60.78	.052	\$	60.78	\$ 3.16
PRESCRIPTION DRUGS	4	4		243.10		60.78	.052		60.78	3.16
SNF/ICF	0	0		.00		.00	.000		.00	.00
OUTPATIENTS	4	4		243.10		60.78	.052		60.78	3.16
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00	.00
@DENTIST	7	25 \$	1	,194.75	\$	47.79	.325	\$	170.68	\$ 15.52
VISITS - DIAGNOSTIC	4	13		283.00		21.77	.169		70.75	3.68
ORAL SURGERY	0	0		.00		.00	.000		.00	.00
DRUGS	0	0		.00		.00	.000		.00	.00
ANESTHESIA	0	0		.00		.00	.000		.00	.00

PERIODONTICS	2	2	236.00	118.00	.026	118.00	3.06
ENDODONTICS	1	1	260.00	260.00	.013	260.00	3.38
RESTORATIVE DENTISTRY	4	8	415.75	51.97	.104	103.94	5.40
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.013	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU DE	C 2004	PAGE 6,654
MOP024	FEE-FOR-SERVICE/D	ENTAL					03/14/05
MARIN COUNTY	SUMMARY OF SERVICE	ES FOR REFUGEES	AID	CODES 01 02 08	0A		
					MON	THLY AVERA	GE
77 ELIGIBLES							
// ETIGIPTES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
// ELIGIBLES		NITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST						USER	ELIGIBLE
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST		OR DAYS OF CARE	224.17	PER UNIT/DAY \$ 20.38	PER ELIG .143 \$	USER 56.04	ELIGIBLE \$ 2.91
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED		OR DAYS OF CARE	224.17 127.70	PER UNIT/DAY \$ 20.38 42.57	PER ELIG .143 \$.039	USER 56.04 42.57	ELIGIBLE \$ 2.91 1.66
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES		OR DAYS OF CARE	224.17 127.70 96.47	PER UNIT/DAY \$ 20.38 42.57 12.06	PER ELIG .143 \$.039 .104	USER 56.04 42.57 48.24 .00	\$ 2.91 1.66 1.25
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES		OR DAYS OF CARE 11 \$ 3 8 0	224.17 127.70 96.47	PER UNIT/DAY \$ 20.38 42.57 12.06 .00	PER ELIG .143 \$.039 .104 .000	USER 56.04 42.57 48.24	\$ 2.91 1.66 1.25
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR		OR DAYS OF CARE 11 \$ 3 8 0	224.17 127.70 96.47 .00	PER UNIT/DAY \$ 20.38 42.57 12.06 .00 \$.00	PER ELIG .143 \$.039 .104 .000	USER 56.04 42.57 48.24 .00	\$ 2.91 1.66 1.25 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS		OR DAYS OF CARE 11 \$ 3 8 0	224.17 127.70 96.47 .00 .00	PER UNIT/DAY \$ 20.38 42.57 12.06 .00 \$.00	PER ELIG .143 \$.039 .104 .000 .000 \$.000	USER 56.04 42.57 48.24 .00 .00 .00	\$ 2.91 1.66 1.25 .00 \$.00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES		OR DAYS OF CARE 11	224.17 127.70 96.47 .00 .00	PER UNIT/DAY \$ 20.38 42.57 12.06 .00 \$.00 .00 .00	PER ELIG .143 \$.039 .104 .000 .000 \$.000	USER 56.04 42.57 48.24 .00 .00	\$ 2.91 1.66 1.25 .00 \$.00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST		OR DAYS OF CARE 11	224.17 127.70 96.47 .00 .00 .00	PER UNIT/DAY \$ 20.38 42.57 12.06 .00 \$.00 .00 .00 .00 .00	PER ELIG .143 \$.039 .104 .000 .000 \$.000 .000	USER 56.04 42.57 48.24 .00 .00 .00	\$ 2.91 1.66 1.25 .00 \$.00 .00 .00 \$.00

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OTHER

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

.00

.00 \$

.00 \$

.00 \$

.00 \$

.00

.00

.00

.00

.00

FAMILY NURSE PRACTITIONER	1	4	\$	33.63	\$	8.41	.052	\$	33.63	\$.44
@TOTAL HOSPITAL	9	40	\$	8,707.71	\$	217.69	.519	\$	967.52	\$	113.09
HOSP INPATIENT TOTAL	2	5		7,835.00		1567.00	.065		3917.50		101.75
HSC HOSPITALS	2.	5		7,835.00		1567.00	.065		3917.50		101.75
NON-HSC HOSPITAL TOTAL	_	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0									.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	U	U		.00		.00	.000		.00		.00
ANCILLARIES	Ü	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7	35		872.71		24.93	.455		124.67		11.33
MEDICAL	3	3		76.92		25.64	.039		25.64		1.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	22		305.73		13.90	.286		101.91		3.97
RADIOLOGY	6	6		339.76		56.63	.078		56.63		4.41
ROOM USE	3	4		150.30		37.58	.052		50.10		1.95
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Y	.00	Y	.00	.000	Y	.00	Υ	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	0	0									
NON-HSC HOSPITALS TOTAL	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U	U		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	Ü	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	EC MO		E DOD			חביכ		D.	AGE 6,655
MOP024			LS MO	NIH-OF-FAIMENI K.	EFUR	I FOR JAN 2	2004 INKO	DEC	2004	F	03/14/05
MARIN COUNTY	FEE-FOR-SERVICE	/ICES FOR REFUGEE	0	AID	CODE	a 01 00 00	0.70				03/14/03
MARIN COUNTI	SUMMARI OF SERV	ICES FOR REFUGEE	5	AID	CODE	5 01 02 00			THLY AVERA	C E	
77 ELICIDIES	HOEDO	INTEG OF CEDITOR		EVDENDIBLIDEC	71. 7. 7	EDACE COCH					
77 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
0.000	2	OR DAYS OF CARE		0 505 51		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	40	\$	8,707.71	\$.519	Ş		Ş	
COMM HOSP INPATIENT TOTAL	2	5		7,835.00		1567.00	.065		3917.50		101.75
HSC HOSPITALS	2	5		7,835.00		1567.00	.065		3917.50		101.75
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	7	35		872.71		24.93	.455		124.67		11.33
MEDICAL	3	3		76.92		25.64	.039		25.64		1.00
.111010111	5	3		10.92		20.04	.009		20.04		1.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	22		305.73		13.90	.286		101.91		3.97
RADIOLOGY	6	6		339.76		56.63	.078		56.63		4.41
ROOM USE	3	4		150.30		37.58	.052		50.10		1.95
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	46	\$	610.97	\$	13.28	.597	\$	101.83	\$	7.93
PATHOLOGY	6	45		572.04		12.71	.584		95.34		7.43
XO AND OTHERS	1	1		38.93		38.93	.013		38.93		.51
@ORGANIZED OUTPATIENT CLINIC	6	10	\$	852.65	\$	85.27	.130	\$	142.11	\$	11.07
CLINIC	4	6		334.61		55.77	.078		83.65		4.35
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	4		518.04		129.51	.052		172.68		6.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES	MONTH-OF-PAYMENT	REPORT	' FOR JAN	2004 THRU	DEC	2004	PA	GE 6,656
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	REFUGE	ES	AID	CODES	01 02 08					
							I	TNON	HLY AVERA	GE -	

					MON	THLY AVERAC	∍E:
77 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	2 \$	16.64	\$ 8.32	.026 \$	16.64	\$.22
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.026	16.64	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,657

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

					MON	THLY AVERAG	GE
229 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	281	3,338 \$	315,106.50	\$ 94.40	14.576 \$	1121.38	\$ 1376.01
@PHYSICIANS SERVICES	161	887 \$	52,843.53	\$ 59.58	3.873 \$	328.22	\$ 230.76
OUTPATIENT VISITS	109	153	6,039.52	39.47	.668	55.41	26.37
OFFICE VISITS	89	122	4,818.10	39.49	.533	54.14	21.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	13	13	801.05	61.62	.057	61.62	3.50
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	16	18	420.37	23.35	.079	26.27	1.84
INPATIENT VISITS	3	8	353.80	44.23	.035	117.93	1.54
HOSPITAL VISITS	3	8	353.80	44.23	.035	117.93	1.54
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	96.22	48.11	.009	48.11	.42
EXAMINATIONS	2	2	96.22	48.11	.009	48.11	.42
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	105	7,245.32	69.00	.459	658.67	31.64
PRINCIPAL SURGEON	9	18		294.38	.079	588.75	23.14
ASSISTANT SURGEON	2	3	669.24	223.08		334.62	2.92
ANESTHESIOLOGIST	4	84	1,277.30	15.21	.367	319.33	5.58
OUTPATIENT SURGERY	46	195	11,942.70	61.24	.852	259.62	52.15
PRINCIPAL SURGEON	32	47	8,491.77	180.68		265.37	37.08
ASSISTANT SURGEON	1	1	210.72	210.72	.004	210.72	.92
ANESTHESIOLOGIST	21	147	3,240.21	22.04		154.30	14.15
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	18	41	1,121.26	27.35	.179	62.29	4.90
RADIOLOGY	55	256	17,670.97	69.03	1.118	321.29	77.17
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	83	6,848.95	82.52	.362	3424.48	29.91
OTHER SERVICES/ALL X-OVERS	18	44	1,524.79	34.65	.192	84.71	6.66
@PHARMACY	152	431 \$	39 , 015.41	\$ 90.52	1.882 \$	256.68	\$ 170.37
PRESCRIPTION DRUGS	152	429	39,013.91	90.94			170.37
SNF/ICF	0	0	.00	.00	.000		.00
OUTPATIENTS	152	429	39,013.91	90.94	1.873	256.67	170.37

MEDICAL SUPPLIES	1		2		1.50)	.75		009		1.50		.01
@DENTIST	8		21	\$	957.00				092	Ś	119.63	Ś	4.18
VISITS - DIAGNOSTIC	6		14	Υ	399.00		28.50		061	Ψ	66.50	۲	1.74
ORAL SURGERY	2		3		128.00		42.67		013		64.00		.56
DRUGS	0		0		.00		.00		000		.00		.00
ANESTHESIA	0		0		.00		.00		000		.00		.00
PERIODONTICS	0		0		.00		.00		000		.00		.00
ENDODONTICS ENDODONTICS	1		1		260.00		260.00		004		260.00		1.14
RESTORATIVE DENTISTRY	2		3		170.00		56.67		013				.74
PROSTHETICS	0		0		170.00		.00		000		85.00		.00
DENTURES, STAYPLATES	0		0		.00		.00		000		.00		.00
•	0		0				.00						.00
SPACE MAINTAINERS	0		0		.00		.00		000		.00		.00
MAXILLOFACIAL SERVICES	0		0										
FRACTURES, DISLOCATIONS	•		0		.00		.00		000		.00		.00
ORTHODONTIC SERVICES	0		•		.00		.00		000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00		000		.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		PENDITURE	ES MONT	'H-OF-PAYMEN'I'	REPO	R'I' F'OR JAN	2004 T	HRU	DEC	2004	Р	AGE 6,658
MOP024	FEE-FOR-SERVICE						~~~~ ^ ^	0-					03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR	BCCTP-FI	EDERAL		AID	CODES UM UN					C.E.	
000 51 5655 56			a========								HLY AVERA	-	
229 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES		VERAGE COST						COST PER
		OR DAYS	OF CARE		105 40		ER UNIT/DAY				USER		ELIGIBLE
@OPTOMETRIST	3		6	\$	195.46				026	Ş	65.15	Ş	.85
DIAGNOSTIC AND ANC. PROCED	3		3		142.35		47.45		013		47.45		.62
EYE APPLIANCES	1		3		53.11		17.70		013		53.11		.23
OTHER OPTOMETRIC SERVICES	0		0		.00		.00		000		.00		.00
@CHIROPRACTOR	0		0	\$.00				000	Ş	.00	Ş	.00
VISITS	0		0		.00		.00		000		.00		.00
OTHER SERVICES	0		0		.00		.00		000		.00		.00
@PODIATRIST	0		0	\$.00				000	Ş	.00	Ş	.00
MEDICINE/INJECTIONS	0		0		.00		.00		000		.00		.00
SURGERY/ANES.	0		0		.00		.00		000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00		000		.00		.00
OTHER	0		0		.00		.00		000		.00		.00
@HOME HEALTH AGENCY	3		11	Ş	778.73				048			\$	3.40
NURSE ANESTHESIST	0		0	\$.00				000		.00	\$.00
NURSE MIDWIFE	0		0	\$.00		.00		000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER			0	\$.00		.00		000		.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00				000			\$.00
@TOTAL HOSPITAL	135		1,524	\$	195,663.74				655	\$		\$	854.43
HOSP INPATIENT TOTAL	10		34		54 , 767.58		1610.81		148		5476.76		239.16
HSC HOSPITALS	10		33		53,999.00		1636.33		144		5399.90		235.80
NON-HSC HOSPITAL TOTAL	1		1		768.58		768.58		004		768.58		3.36
ACCOMMODATIONS	1		1		231.30		231.30		004		231.30		1.01
ADMINISTRATIVE DAYS	0		0		.00		.00		000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00		000		.00		.00
ALL OTHER ACCOM	1		1		231.30)	231.30		004		231.30		1.01
ANCILLARIES	1		0		537.28	3	.00		000		537.28		2.35
THE THE COCCOLUDE	0		_		0.0	`	0.0		000		0.0		0.0

0

0

75

35

272

429

100

1,490

.00

.00

140,896.16

3,230.49

2,129.54

2,459.43

32,517.75

5,307.96

.00

.00

94.56

43.07

60.84

9.04

75.80

53.08

.000

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.328

.153

1.188

1.873

.437

6.507

.00

.00

1067.40

89.74

64.53

41.69

508.09

100.15

.00

.00

615.27

14.11

10.74

142.00

23.18

9.30

0

0

132

36

33

59

64

53

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPINT	51	579	95,250.99	164.51	2.528	1867.67	415.94
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MON	ITH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 6,659
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
MARIN COUNTY	SUMMARY OF SERVICE	S FOR BCCTP-FEDERAL	, Al	ID CODES OM ON	0 P		
					MON	THLY AVERAG	GE
229 ELIGIBLES		ITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		R DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	135	1 , 524 \$	195,663.74	\$ 128.39	6.655 \$		
COMM HOSP INPATIENT TOTAL	10	34	54 , 767.58	1610.81	.148	5476.76	239.16
HSC HOSPITALS	10	33	53 , 999.00	1636.33	.144	5399.90	235.80
NON-HSC HOSPITALS TOTAL	1	1	768.58	768.58	.004	768.58	3.36
ACCOMMODATIONS	1	1	231.30	231.30	.004	231.30	1.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	1		1		231.30		231.30	.004		231.30		1.01
ANCILLARIES	1		0		537.28		.00	.000		537.28		2.35
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	132	1	L , 490		140,896.16		94.56	6.507		1067.40		615.27
MEDICAL	36		75		3,230.49		43.07	.328		89.74		14.11
SURGERY	33		35		2,129.54		60.84	.153		64.53		9.30
PATHOLOGY	59		272		2,459.43		9.04	1.188		41.69		10.74
RADIOLOGY	64		429		32,517.75		75.80	1.873		508.09		142.00
ROOM USE	53		100		5,307.96		53.08	.437		100.15		23.18
CROSSOVERS/ALL OTH OUTPTNT	53 51		579		95,250.99		164.51	2.528		1867.67		415.94
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0		0	4	.00	Ψ	.00	.000		.00	т	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000		.00	Ċ	.00
LEV A-INTERMEDIATE	0		0	Ÿ	.00	Ą	.00	.000		.00	۲	.00
	0		0		.00					.00		
LEV B-REHAB MD	0		0				.00	.000				.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	U				.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
REMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	•	.00	•	.00	.000		.00	·	.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	63		299	\$	6,368.03	\$	21.30	1.306		101.08	Ś	27.81
PATHOLOGY	61		290	Ψ.	5,888.96	Υ	20.31	1.266		96.54	٣	25.72
XO AND OTHERS	8		9		479.07		53.23	.039		59.88		2.09
@ORGANIZED OUTPATIENT CLINIC	47		56	\$	5 , 881.75	Ċ	105.03	.245		125.14	Ċ	25.68
CLINIC CLINIC	47 11		15	Ą	535.36	Ą	35.69	.066		48.67	Ş	2.34
	0		0		.00							
SURGICENTER			0				.00	.000		.00		.00
HEROIN DETOX CLINIC	0				.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	37		41		5,346.39		130.40	.179				23.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		SENDILO	IRES MONI	'H-OF-PAYMENT R	EPOR'I	' FOR JAN	2004 THRU	DEC	2004	PA	AGE 6,660
MOP024	FEE-FOR-SERVICE/D											03/14/05
MARIN COUNTY	SUMMARY OF SERVICE	ES FOR	BCCTP-	FEDERAL	A	ID CC	DES OM ON					
										HLY AVERA		
229 ELIGIBLES		NITS OF			EXPENDITURES		RAGE COST					COST PER
		OR DAYS		RΕ			R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	10		103	\$	13,402.85		130.12			1340.29		58.53
DURABLE MED. EQUIP.	2		2		791.93		395.97	.009		395.97		3.46
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE IESTING	U		U		.00		.00	.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	5	20	221.25	11.06	.087		44.25	.97
PHYSICAL THERAPIST	0	0	.00	.00	.000		.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000		.00	.00
HOSPICE SERVICES	3	81	12 , 389.67	152.96	.354	4	4129.89	54.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000		.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,661 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

MAKIN COONII	DOLLINATE OF DELLE	TON DOCTE D.	IAID O	MII AID	CODES ON OI OO	0 V		
						MON	THLY AVERA	.GE
32 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	44	274	\$	19,266.83	\$ 70.32	8.563 \$	437.88	\$ 602.09
@PHYSICIANS SERVICES	22	53	\$	4,951.59	\$ 93.43	1.656 \$	225.07	\$ 154.74
OUTPATIENT VISITS	4	4		241.50	60.38	.125	60.38	7.55
OFFICE VISITS	3	3		196.90	65.63	.094	65.63	6.15
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		44.60	44.60	.031	44.60	1.39
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2		499.44	249.72	.063	249.72	15.61
PRINCIPAL SURGEON	1	1		337.30	337.30	.031	337.30	10.54
ASSISTANT SURGEON	1	1		162.14	162.14	.031	162.14	5.07
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	13		1,184.58	91.12	.406	296.15	37.02
PRINCIPAL SURGEON	2	2		941.92	470.96	.063	470.96	29.44
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	11		242.66	22.06	.344	121.33	7.58
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	4		6.88	1.72	.125	1.72	.22
RADIOLOGY	9	30		3,019.19	100.64	.938	335.47	94.35
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	25	51 \$	2,812.00	\$ 55.14	1.594	\$ 112.48	\$	87.88
PRESCRIPTION DRUGS	25	51	2,812.00	55.14	1.594	112.48		87.88
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	25	51	2,812.00	55.14	1.594	112.48		87.88
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	1	2 \$.00	\$.00	.063	\$.00	\$.00
VISITS - DIAGNOSTIC	1	1	.00	.00	.031	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	1	.00	.00	.031	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN	2004 THRU 1	DEC 2004	PAGE	6,662
MOP024	FEE-FOR-SERVICE/DENTA	L					0	3/14/05

32 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 .00 \$.00 .00 \$ @OPTOMETRIST 0 .000 \$.00 .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .000 .00 .00 .00 .00 EYE APPLIANCES 0 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 .00 \$.00 \$ @CHIROPRACTOR .00 .000 \$.00 .00 VISITS .00 .000 .00 .00 .00 .00 .000 .00 OTHER SERVICES @PODIATRIST 0 .00 \$.00 .000 \$.00 \$.00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 \$.00 .000 \$.00 \$ @HOME HEALTH AGENCY 0 .00 \$.00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 NURSE MIDWIFE .00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 \$ FAMILY NURSE PRACTITIONER 0 .00 \$.00 .000 \$.00 \$.00 6,784.31 @TOTAL HOSPITAL 142 47.78 4.438 \$ 399.08 \$ 212.01 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .00 HSC HOSPITALS 0 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .000 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

----- MONTHLY AVERAGE -----

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MARIN COUNTY

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL	17	142		6,784.31	47.	78 4.43	8	399.08		212.01	
MEDICAL	3	3		114.95	38.	32 .09	4	38.32		3.59	
SURGERY	2	2		212.52	106.	26 .06	3	106.26		6.64	
PATHOLOGY	10	63		645.59	10.	25 1.96	9	64.56		20.17	
RADIOLOGY	9	50		5,165.53	103.	31 1.56	3	573.95		161.42	
ROOM USE	3	6		445.22	74.	20 .18	8	148.41		13.91	
CROSSOVERS/ALL OTH OUTPINT	3	18		200.50	11.	14 .56	3	66.83		6.27	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.	00.00	0 \$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		00.00	0	.00		.00	
HSC HOSPITALS	0	0		.00		00.00	0	.00		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	0	.00		.00	
ACCOMMODATIONS	0	0		.00		00.00	0	.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		00.00	0	.00		.00	
TRANSITIONAL IP CARE	0	0		.00		00.00	0	.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	0	.00		.00	
ANCILLARIES	0	0		.00		.00	0	.00		.00	
INPATIENT CROSSOVERS	0	0		.00		00.00	0	.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	0	.00		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		00.00	0	.00		.00	
MEDICAL	0	0		.00		.00	0	.00		.00	
SURGERY	0	0		.00		00.00	0	.00		.00	
PATHOLOGY	0	0		.00		.00	0	.00		.00	
RADIOLOGY	0	0		.00		.00	0	.00		.00	
ROOM USE	0	0		.00		.00	0	.00		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	0	.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU:	RES MONTH-	OF-PAYMENT RE	PORT FOR	JAN 2004 THE	U DE	C 2004	PAC	GE 6,663	i
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05)
MARIN COUNTY	SUMMARY OF SERVICES FOR	BCCTP-	STATE-ONLY	AID C	ODES OR 0	T OU OV					
							MON'	THLY AVERA	GE		

					MON	THLY AVERAG	GE
32 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	142 \$	6,784.31	\$ 47.78	4.438 \$	399.08	\$ 212.01
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17	142	6,784.31	47.78	4.438	399.08	212.01
MEDICAL	3	3	114.95	38.32	.094	38.32	3.59
SURGERY	2	2	212.52	106.26	.063	106.26	6.64
PATHOLOGY	10	63	645.59	10.25	1.969	64.56	20.17
RADIOLOGY	9	50	5,165.53	103.31	1.563	573.95	161.42
ROOM USE	3	6	445.22	74.20	.188	148.41	13.91
CROSSOVERS/ALL OTH OUTPTNT	3	18	200.50	11.14	.563	66.83	6.27
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	4	\$		264.68	\$	66.17	.125	\$	88.23	\$	8.27
PATHOLOGY	2	3			218.14		72.71	.094		109.07		6.82
XO AND OTHERS	1	1			46.54		46.54	.031		46.54		1.45
@ORGANIZED OUTPATIENT CLINIC	9	22	\$		4,454.25	\$	202.47	.688	\$	494.92	\$	139.20
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	22			4,454.25		202.47	.688		494.92		139.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDI	TURES	MONTH-OF	F-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 6,664
MOP024	FEE-FOR-SERVICE/	DENTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERVI	CES FOR BCCT	P-STAT	re-only	AID	CODES	OR OT OU	0V				
								N	IONT	HLY AVERA	GΕ	
32 ELIGIBLES	USERS	UNITS OF SERV		EXI	PENDITURES		RAGE COST		-	COST PER		COST PER
		OR DAYS OF C	ARE			PER	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

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03/14/05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

1111(11) 0001(11	001111111111111111111111111111111111111						
					MON	THLY AVERAG	E
261 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	325	3 , 612 \$	334,373.33	\$ 92.57	13.839 \$	1028.84	\$ 1281.12
@PHYSICIANS SERVICES	183	940 \$	57 , 795.12	\$ 61.48	3.602 \$	315.82	\$ 221.44
OUTPATIENT VISITS	113	157	6,281.02	40.01	.602	55.58	24.07
OFFICE VISITS	92	125	5,015.00	40.12	.479	54.51	19.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	14	14	845.65	60.40	.054	60.40	3.24
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	16	18	420.37	23.35	.069	26.27	1.61
INPATIENT VISITS	3	8	353.80	44.23	.031	117.93	1.36
HOSPITAL VISITS	3	8	353.80	44.23	.031	117.93	1.36
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	96.22	48.11	.008	48.11	.37
EXAMINATIONS	2	2	96.22	48.11	.008	48.11	.37
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	13	107	7,744.76	72.38	.410	595.75	29.67
PRINCIPAL SURGEON	10	19	5,636.08	296.64	.073	563.61	21.59
ASSISTANT SURGEON	3	4	831.38	207.85	.015	277.13	3.19
ANESTHESIOLOGIST	4	84	1,277.30	15.21	.322	319.33	4.89
OUTPATIENT SURGERY	50	208	13,127.28	63.11	.797	262.55	50.30
PRINCIPAL SURGEON	34	49	9,433.69	192.52	.188	277.46	36.14

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	1	1			210.72		210.72	.004		210.72		.81
ANESTHESIOLOGIST	23	158			3,482.87		22.04	.605		151.43		13.34
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	22	45			1,128.14		25.07	.172		51.28		4.32
RADIOLOGY	64	286			20,690.16		72.34	1.096		323.28		79.27
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	83			6,848.95		82.52	.318		3424.48		26.24
OTHER SERVICES/ALL X-OVERS	18	44			1,524.79		34.65	.169		84.71		5.84
@PHARMACY	177	482	\$		41,827.41	\$	86.78	1.847	\$	236.31	\$	160.26
PRESCRIPTION DRUGS	177	480			41,825.91		87.14	1.839		236.30		160.25
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	177	480			41,825.91		87.14	1.839		236.30		160.25
MEDICAL SUPPLIES	1	2			1.50		.75	.008		1.50		.01
@DENTIST	9	23	\$		957.00	\$	41.61	.088	\$	106.33	\$	3.67
VISITS - DIAGNOSTIC	7	15			399.00		26.60	.057		57.00		1.53
ORAL SURGERY	2	3			128.00		42.67	.011		64.00		.49
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	1	1			260.00		260.00	.004		260.00		1.00
RESTORATIVE DENTISTRY	2	3			170.00		56.67	.011		85.00		.65
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1			.00		.00	.004		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES	MONTH-O	F-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 6,666
MOP024	FEE-FOR-SERVICE/DENTAL											03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	BCCTP	-TOTA	L								

						M	CNO	THLY AVERA	GΕ	
261 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3	6	\$ 195.46	\$	32.58	.023	\$	65.15	\$.75
DIAGNOSTIC AND ANC. PROCED	3	3	142.35		47.45	.011		47.45		.55
EYE APPLIANCES	1	3	53.11		17.70	.011		53.11		.20
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	3	11	\$ 778.73	\$	70.79		\$	259.58	\$	2.98
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	152	1,666	\$ 202,448.05	\$	121.52	6.383	\$	1331.90	\$	775.66
HOSP INPATIENT TOTAL	10	34	54 , 767.58		1610.81	.130		5476.76		209.84
HSC HOSPITALS	10	33	53 , 999.00		1636.33	.126		5399.90		206.89
NON-HSC HOSPITAL TOTAL	1	1	768.58		768.58	.004		768.58		2.94
ACCOMMODATIONS	1	1	231.30		231.30	.004		231.30		.89

ADMINISTRATIVE DAYS	0	0 0 1 0 0 0 1,632 78 37	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	231.30	231.30	.004	231.30	.89
ANCILLARIES	1	0	537.28	.00	.000	537.28	2.06
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	1 1 0 0 149	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	149	1,632	147,680.47	90.49 42.89	6.253	991.14	565.83
MEDICAL	39	78	3,345.44	42.89	.299	85.78	12.82
SURGERY	35	37	2,342.06	63.30	.142	66.92	8.97
PATHOLOGY	69	335	3,105.02	9.27	1.284	45.00	11.90
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	73	335 479 106 597 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	37,683.28	78.67	1.835	516.21	144.38
ROOM USE	56	106	5,753.18	54.28	.406	102.74	22.04
CROSSOVERS/ALL OTH OUTPINT	54	597	95,451.49	159.89	2.287	1767.62	365.71
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		•					
MOP024	FEE-FOR-SERVICE			DIOINI ION OINV 2	.001 111110 DE	0 2001	03/14/05
MARIN COUNTY		VICES FOR BCCTP-TOTAL					03/11/00
		1020 1010 20011 101112			MON	THLY AVERA	GE
261 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	
@COMMUNITY HOSPITAL TOTAL	152	1,666 \$	202,448.05	\$ 121.52			\$ 775.66
COMM HOSP INPATIENT TOTAL	1.0		E 4 E CE E C	1610.81	.130	5476.76	209.84
HSC HOSPITALS	10	33	53,999.00	1636.33	.126	5399.90	206.89
NON-HSC HOSPITALS TOTAL	1	1	768.58	768.58		768.58	2.94
ACCOMMODATIONS	1	1	231.30	231.30	.004	231.30	.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	.00 231.30	231.30	.004	231.30	.89
ANCILLARIES	1	0	537.28	.00	.000	537.28	2.06
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	34 33 1 1 0 0 1 0 0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	149	1,632	147,680.47	90.49	6.253	991.14	565.83
MEDICAL	140	1,032	147,000.47	40.00	0.233	771.14	10.00

39

35

69

73

56

54

0

78

37

335

479

106

597

0

42.89

63.30

9.27

78.67

54.28

.00

159.89

3,345.44

2,342.06

3,105.02

37,683.28

5,753.18

95,451.49

.00

.299

.142

1.284

1.835

.406

.000 \$

2.287

85.78

66.92

45.00

516.21

102.74

.00 \$

1767.62

12.82

8.97

11.90

22.04

.00

144.38

365.71

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPINT

ROOM USE

		0		0.0		0.0	0.00		0.0		0.0
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	•	^		<u> </u>			<u> </u>		<u> </u>	
@INTERMEDIATE CARE FACILDD	U	0	\$.00	\$.00	.000	\$.00	Ş	.00
ICF DDH	O	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
	0	· · · · · · · · · · · · · · · · · · ·									
INDEPENDENT FACILITY	•	0	_	.00	_	.00	.000	_	.00	_	.00
@LABORATORY FACILITY	66	303	\$	6,632.71	\$	21.89	1.161	Ş	100.50	Ş	25.41
PATHOLOGY	63	293		6,107.10		20.84	1.123		96.94		23.40
XO AND OTHERS	9	10		525.61		52.56	.038		58.40		2.01
@ORGANIZED OUTPATIENT CLINIC	56	78	\$	10,336.00	\$	132.51	.299	\$	184.57	\$	39.60
CLINIC	11	15		535.36		35.69	.057		48.67		2.05
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	46	63		9,800.64		155.57	.241		213.06		37.55
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	IDEC MC	· · · · · · · · · · · · · · · · · · ·				DEC		D.7	
	MEDI-CAL SERVIC	F2 AND FYLFINDIIO	NKES MC	MIH-OF-PAIMENI I	KEPOKI	. FUR JAN 2	2004 IRRU		2004	PF	AGE 6,668
MODOOA	DDD DOD CDDIITOD	/ DENIMAT									02/11/05
MOPO24	FEE-FOR-SERVICE										03/14/05
MOP024 MARIN COUNTY		/DENTAL ICES FOR BCCTP-					,	40NIE		C.D.	
MARIN COUNTY	SUMMARY OF SERV	ICES FOR BCCTP-	·TOTAL						HLY AVERA		
		ICES FOR BCCTP- UNITS OF SERVIC	TOTAL	EXPENDITURES		ERAGE COST	UNITS/DAY	ZS	COST PER		COST PER
MARIN COUNTY 261 ELIGIBLES	SUMMARY OF SERV	ICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR	TOTAL CE RE	EXPENDITURES	PER	R UNIT/DAY	UNITS/DAY	ZS G	COST PER USER	E	COST PER
MARIN COUNTY	SUMMARY OF SERV USERS 10	ICES FOR BCCTP- UNITS OF SERVIC	TOTAL		PER	R UNIT/DAY 130.12	UNITS/DAY	ZS G	COST PER USER 1340.29	E	COST PER
MARIN COUNTY 261 ELIGIBLES	SUMMARY OF SERV USERS 10 2	ICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR	TOTAL CE RE	EXPENDITURES	PER	R UNIT/DAY	UNITS/DAY	ZS G	COST PER USER	E	COST PER
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERV USERS 10	ICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 103	TOTAL CE RE	EXPENDITURES	PER	R UNIT/DAY 130.12	UNITS/DAY PER ELIC .395	ZS G	COST PER USER 1340.29	E	COST PER ELIGIBLE 51.35
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERV USERS 10 2	UNITS OF SERVICOR DAYS OF CAR	TOTAL CE RE	EXPENDITURES 13,402.85 791.93	PER	R UNIT/DAY 130.12 395.97	UNITS/DAY PER ELIC .395 .008	ZS G	COST PER USER 1340.29 395.97	E	COST PER ELIGIBLE 51.35 3.03
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERV USERS 10 2 0	UNITS OF SERVICOR DAYS OF CAR 103 2 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00	PER	R UNIT/DAY 130.12 395.97 .00 .00	UNITS/DAY PER ELIC .395 .008 .000	ZS G	COST PER USER 1340.29 395.97 .00	E	COST PER ELIGIBLE 51.35 3.03 .00
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERV USERS 10 2 0 0	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00	PER	R UNIT/DAY 130.12 395.97 .00 .00	UNITS/DAY PER ELIC .395 .008 .000 .000	ZS G	COST PER USER 1340.29 395.97 .00 .00	E	COST PER ELIGIBLE 51.35 3.03 .00 .00
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERV USERS 10 2 0	UNITS OF SERVICOR DAYS OF CAR 103 2 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00	PER	R UNIT/DAY 130.12 395.97 .00 .00	UNITS/DAY PER ELIC .395 .008 .000 .000 .000	ZS G	USER 1340.29 395.97 .00 .00	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERV USERS 10 2 0 0	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0 0 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00 .00	PER	R UNIT/DAY 130.12 395.97 .00 .00 .00	UNITS/DAY PER ELIC .395 .008 .000 .000 .000 .000	ZS G	USER 1340.29 395.97 .00 .00 .00	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERV USERS 10 2 0 0	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00 .00 .00	PER	R UNIT/DAY 130.12 395.97 .00 .00 .00 .00	UNITS/DAY PER ELIC .395 .008 .000 .000 .000 .000 .000	ZS G	USER 1340.29 395.97 .00 .00 .00 .00	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00 .00
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERV USERS 10 2 0 0	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0 0 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00 .00 .00 .00 .00	PER	R UNIT/DAY 130.12 395.97 .00 .00 .00 .00 .00	UNITS/DAY PER ELIC .395 .008 .000 .000 .000 .000 .000 .000	ZS G	USER USER 1340.29 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00 .00
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	SUMMARY OF SERV USERS 10 2 0 0	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0 0 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	R UNIT/DAY 130.12 395.97 .00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIC .395 .008 .000 .000 .000 .000 .000 .000 .00	ZS G	USER USER 1340.29 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00 .00
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	SUMMARY OF SERV USERS 10 2 0 0	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0 0 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	R UNIT/DAY 130.12 395.97 .00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIC .395 .008 .000 .000 .000 .000 .000 .000 .00	ZS G	USER 1340.29 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00 .00 .00
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	SUMMARY OF SERV	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	R UNIT/DAY 130.12 395.97 .00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIC .395 .008 .000 .000 .000 .000 .000 .000 .00	ZS G	USER USER 1340.29 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00 .00
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	SUMMARY OF SERV USERS 10 2 0 0	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	R UNIT/DAY 130.12 395.97 .00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIC .395 .008 .000 .000 .000 .000 .000 .000 .00	ZS G	USER USER 1340.29 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00 .00 .00
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	SUMMARY OF SERV	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	R UNIT/DAY 130.12 395.97 .00 .00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIC .395 .008 .000 .000 .000 .000 .000 .000 .00	ZS G	COST PER USER 1340.29 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00 .00 .00 .00
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	SUMMARY OF SERV	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	R UNIT/DAY 130.12 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIC .395 .008 .000 .000 .000 .000 .000 .000 .00	ZS G	USER USER 1340.29 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	SUMMARY OF SERV USERS 10 2 0 0 0 0 0 0 0 0 0 0 0 5	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0 0 0 0 0 0 0 20	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	R UNIT/DAY 130.12 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIC .395 .008 .000 .000 .000 .000 .000 .000 .00	ZS G	USER USER 1340.29 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00 .00 .00 .00
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	SUMMARY OF SERV USERS 10 2 0 0 0 0 0 0 0 0 0 0 0 0 0 5 0 0	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0 0 0 0 0 0 0 20 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	R UNIT/DAY 130.12 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIC .395 .008 .000 .000 .000 .000 .000 .000 .00	ZS G	COST PER USER 1340.29 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	SUMMARY OF SERV USERS 10 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	R UNIT/DAY 130.12 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIC .395 .008 .000 .000 .000 .000 .000 .000 .00	ZS G	USER USER 1340.29 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	SUMMARY OF SERV USERS 10 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	R UNIT/DAY 130.12 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIC .395 .008 .000 .000 .000 .000 .000 .000 .00	ZS G	USER USER 1340.29 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	SUMMARY OF SERV USERS 10 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	R UNIT/DAY 130.12 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIC .395 .008 .000 .000 .000 .000 .000 .000 .00	ZS G	USER USER 1340.29 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	SUMMARY OF SERVE USERS 10 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	R UNIT/DAY 130.12 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIC .395 .008 .000 .000 .000 .000 .000 .000 .00	ZS G	COST PER USER 1340.29 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	SUMMARY OF SERV USERS 10 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PEF \$	R UNIT/DAY 130.12 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIC .395 .008 .000 .000 .000 .000 .000 .000 .00	ZS G	USER USER 1340.29 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	SUMMARY OF SERVE USERS 10 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PEF \$	R UNIT/DAY 130.12 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIC .395 .008 .000 .000 .000 .000 .000 .000 .00	ZS G	COST PER USER 1340.29 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY 261 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	SUMMARY OF SERVE USERS 10 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICOR DAYS OF CAR 103 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL CE RE	EXPENDITURES 13,402.85 791.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PEF \$	R UNIT/DAY 130.12 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIC .395 .008 .000 .000 .000 .000 .000 .000 .00	ZS G	USER USER 1340.29 395.97 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 51.35 3.03 .00 .00 .00 .00 .00 .00 .00 .00 .0

LOCAL EDUCATION AGENCIES	Ō	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00
O. H. MOMATO TAX MANDON TAXABO ADD OTTON		EODAG ETON	T T T T T T T T T T T T T T T T T T T					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,669
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

					MON	ITHLY AVERA	GE
59 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1	1 \$	13.27	\$ 13.27	.017	13.27	\$.22
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.0			00		.00
PRINCIPAL SURGEON	0	0		.00	. 0	0 .000		00		.00
ASSISTANT SURGEON	0	0		.00	.0			00		.00
ANESTHESIOLOGIST	0	0		.00	.0			00		.00
OUTPATIENT SURGERY	0	0		.00	.0	0 .000		00		.00
PRINCIPAL SURGEON	0	0		.00	.0	0 .000		00		.00
ASSISTANT SURGEON	0	0		.00	.0	0 .000		00		.00
ANESTHESIOLOGIST	0	0		.00	.0			00		.00
DIALYSIS	0	0		.00	.0	0 .000		00		.00
PATHOLOGY	0	0		.00	.0	0 .000		00		.00
RADIOLOGY	0	0		.00	.0	0 .000		00		.00
PSYCHIATRY	0	0		.00	.0	0 .000		00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.0	0 .000		00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	. 0	0 .000		00		.00
@PHARMACY	0	0	\$.00	\$.0	0 .000) \$.	00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.0	0 .000		00		.00
SNF/ICF	0	0		.00	. 0	0 .000		00		.00
OUTPATIENTS	0	0		.00	.0	0 .000		00		.00
MEDICAL SUPPLIES	0	0		.00	. 0	0 .000		00		.00
@DENTIST	0	0	\$.00	\$.0	0 .000) \$.	00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	. 0	0 .000		00		.00
ORAL SURGERY	0	0		.00	. 0	0 .000		00		.00
DRUGS	0	0		.00	. 0	0 .000		00		.00
ANESTHESIA	0	0		.00	. 0	0 .000		00		.00
PERIODONTICS	0	0		.00	. 0	0 .000		00		.00
ENDODONTICS	0	0		.00	. 0	0 .000		00		.00
RESTORATIVE DENTISTRY	0	0		.00	. 0	0 .000		00		.00
PROSTHETICS	0	0		.00	. 0	0 .000		00		.00
DENTURES, STAYPLATES	0	0		.00	. 0	0 .000		00		.00
SPACE MAINTAINERS	0	0		.00	. 0	0 .000		00		.00
MAXILLOFACIAL SERVICES	0	0		.00	. 0	0 .000		00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.0	0 .000		00		.00
ORTHODONTIC SERVICES	0	0		.00	. 0	0 .000		00		.00
ALL OTHER SERVICES	0	0		.00	. 0	0 .000		00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	S MONTH-	OF-PAYMENT REI	PORT FOR J	AN 2004 THRU	J DEC 2004		PAGE	6,670
MOP024	FEE-FOR-SERVICE/DENTAL								03	/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	QMB - ON	LY		AID C	ODE 80				
							MONTHLY AV	ERAG	E	
50			_						~~~	

						M	L'NO	HLY AVERA	GE	
59 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

	_						
FAMILY NURSE PRACTITIONER	O	0 \$.00	\$.00	.000 \$		•
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$		
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	O	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0			.000		.00
TRANSITIONAL IP CARE	0	0	.00	.00		.00	
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	O	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 6,671
MOP024	FEE-FOR-SERVIC	E/DENTAL					03/14/05
MARIN COUNTY	SUMMARY OF SER	VICES FOR OMB - ONLY	•	AID CODE	8.0		
					MON	THLY AVERAC	FE
59 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
J9 EHIGIDHES	OSEKS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
0.000,000,000,000,000,000,000,000,000,0	0		0.0				
@COMMUNITY HOSPITAL TOTAL	U	0 \$.00	\$.00	.000 \$		•
COMM HOSP INPATIENT TOTAL	O	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	U	0					
ANCILLARIES	Ü	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

	_	_									
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	·	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	•	.00	·	.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$		\$.00
CLINIC	0	0	•	.00	·	.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	Ô		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MON'		EPORT			DEC		PAGE	6,672
MOP024	FEE-FOR-SERVICE/DENTAL										/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	QMB -	ONLY			AID CODE 80				33	, = 1, 00
		£					N	ONTE	HLY AVERAG	SE	

					MON	THLY AVERAG	E
59 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1 \$	13.27	\$ 13.27	.017 \$	13.27	\$.22
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	13.27	13.27	.017	13.27	.22
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 13.27	\$ 13.27	.017	\$ 13.27	\$.22

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,673

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

					MON	THLY AVERAG	E
2,434 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	899	2 , 555 \$		\$ 56.22	1.050 \$	159.77	\$ 59.01
@PHYSICIANS SERVICES	231	429 \$	15,731.24	\$ 36.67	.176 \$	68.10	\$ 6.46
OUTPATIENT VISITS	183	237	9,426.99	39.78	.097	51.51	3.87
OFFICE VISITS	93	133	4,336.92	32.61	.055	46.63	1.78
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	96	103	5,074.27	49.26	.042	52.86	2.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	15.80	15.80	.000	15.80	.01
INPATIENT VISITS	1	2	67.08	33.54	.001	67.08	.03
HOSPITAL VISITS	1	2 2 0	67.08	33.54	.001	67.08	.03
CRITICAL CARE	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	10	10	487.33	48.73	.004	48.73	.20
EXAMINATIONS	10	10	487.33	48.73	.004	48.73	.20
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	505.96	505.96	.000	505.96	.21
PRINCIPAL SURGEON	1	1	505.96	505.96	.000	505.96	.21
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	18	53	3,849.09	72.62	.022	213.84	1.58
PRINCIPAL SURGEON	14	16	2,782.33	173.90	.007	198.74	1.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	37	1,066.76	28.83	.015	177.79	.44
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	23	29	234.78	8.10	.012	10.21	.10
RADIOLOGY	31	40	465.12	11.63	.016	15.00	.19
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	6	105.92	17.65	.002	35.31	.04
OTHER SERVICES/ALL X-OVERS	25	51		11.55		23.56	.24
@PHARMACY	260	430 \$	13,742.79	\$ 31.96	.177 \$	52.86	\$ 5.65
PRESCRIPTION DRUGS	260	425	13,560.72	31.91		52.16	5.57
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	260	425	13,560.72	31.91	.175	52.16	5.57

MEDICAL SUPPLIES	4	5	182.07	36.41	.002	45.52	.07
@DENTIST	114	348 \$	7,479.00	\$ 21.49	.143 \$	65.61	\$ 3.07
VISITS - DIAGNOSTIC	83	248	3,842.00	15.49	.102	46.29	1.58
ORAL SURGERY	4	6	311.00	51.83	.002	77.75	.13
DRUGS	2	2	25.00	12.50	.001	12.50	.01
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	4	5	355.00	71.00	.002	88.75	.15
RESTORATIVE DENTISTRY	38	79	2,946.00	37.29	.032	77.53	1.21
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	7	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEC	C 2004	PAGE 6,674
MOP024	FEE-FOR-SERVICE/						03/14/05
MARIN COUNTY	SUMMARY OF SERVI	ICES FOR 133% PROGRAM	AID (CODES 72 74 8N	8P		
					MON'		-
2,434 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
•	USERS	UNITS OF SERVICE OR DAYS OF CARE		PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	USERS 0		.00	PER UNIT/DAY \$.00	UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COST PER ELIGIBLE \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	USERS 0 0		.00	PER UNIT/DAY \$.00 .00	UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	USERS 0 0 0		.00	PER UNIT/DAY \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	USERS 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0	.00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	USERS 0 0 0 0 0		.00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	USERS 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0	.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$.000 \$	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	USERS 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 0 0 0 0	.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$.000 \$.000	COST PER USER .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	USERS 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$.000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	USERS 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$.000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$.000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 .00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	3	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	3	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$		\$.00
@TOTAL HOSPITAL	147	368		31,443.00	Ś	85.44	.151	\$	213.90	\$ \$	12.92
-			?		Ą	1767.92		Ų	5303.75	Ą	
HOSP INPATIENT TOTAL	4	12		21,215.00			.005				8.72
HSC HOSPITALS	4	12		21,215.00		1767.92	.005		5303.75		8.72
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	•										
HOSP OUTPATIENT TOTAL	143	356		10,228.00		28.73	.146		71.52		4.20
MEDICAL	18	24		897.24		37.39	.010		49.85		.37
SURGERY	7	8		596.76		74.60	.003		85.25		.25
PATHOLOGY	42	105		1,052.57		10.02	.043		25.06		.43
RADIOLOGY	30	36		966.83		26.86	.015		32.23		.40
ROOM USE	101	117		4,734.59		40.47	.048		46.88		1.95
CROSSOVERS/ALL OTH OUTPINT	53	66		1,980.01		30.00	.027		37.36		.81
@COUNTY HOSPITAL TOTAL	0	0 \$	3	.00	\$.00	.000	Ġ	.00	Ċ	.00
CO HOSPITAL INPATIENT TOTAL	0	0	7	.00	Y	.00	.000	Y	.00	Υ	.00
	0										
HSC HOSPITALS	U	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
	0	0									
SURGERY	U	U		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	INOM S	TH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2004 THRU	DEC	2004	PAG	E 6,675
MOP024	FEE-FOR-SERVICE										03/14/05
MARIN COUNTY		ICES FOR 133% PROG	ZR AM	ATD C	ODE	s 72 74 8N	8 D				70, 11, 00
MAKIN COUNTI	SOMMAN OF SERV	ICES FOR 155% FROC	21/171.1	AID C	פוסטי	5 /2 /4 ON			HLY AVERA	CF	
2 424 FLICTRIES	Halba	INTER OF SERVICE			7.7.7						
2,434 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					ST PER
		OR DAYS OF CARE				R UNIT/DAY					IGIBLE
@COMMUNITY HOSPITAL TOTAL		368	į.	31,443.00				Ş	213.90	Ş	
COMM HOSP INPATIENT TOTAL	4	12		21,215.00		1767.92 1767.92	.005		5303.75		8.72
HSC HOSPITALS	4	12		21,215.00		1767.92	.005		5303.75		8.72
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
TIVUIOTITOMAT TE CUIVE	U	O		.00		.00	.000		.00		.00

ALL OTHER ACCOM	0	0		.00		.00	.00	0	.00		.00
ANCILLARIES	0	0		.00		.00	.00	0	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.00	0	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.00	0	.00		.00
COMM HOSP OUTPATIENT TOTAL	143	356		10,228.00		28.73	.14	6	71.52		4.20
MEDICAL	18	24		897.24		37.39	.01	0	49.85		.37
SURGERY	7	8		596.76		74.60	.00	3	85.25		.25
PATHOLOGY	42	105		1,052.57		10.02	.04	3	25.06		.43
RADIOLOGY	30	36		966.83		26.86	.01	5	32.23		.40
ROOM USE	101	117		4,734.59		40.47	.04		46.88		1.95
CROSSOVERS/ALL OTH OUTPINT	53	66		1,980.01		30.00	.02		37.36		.81
@STATE HOSPITAL	0	0		.00	\$.00	.00		.00	Ś	.00
MENTALLY ILL	0	0		.00	7	.00	.00		.00	т.	.00
DEVELOP. DISABLED	0	0		.00		.00	.00		.00		.00
@NURSING FACILITY	0	0		.00	\$.00	.00		.00	Ś	.00
LEV A-INTERMEDIATE	0	0		.00	т	.00	.00		.00	Τ.	.00
LEV B-REHAB MD	0	0		.00		.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.00		.00		.00
LEV B SOBACOTE HISTER BASED	0	0		.00		.00	.00		.00		.00
	0	0		.00		.00			.00		.00
LEV B-REGULAR	0	0		.00	ċ		.00			ċ	
@INTERMEDIATE CARE FACILDD	0	0			\$.00	.00		.00	Þ	.00
ICF DDH	0	0		.00		.00	.00		.00		.00
ICF DD	0			.00		.00	.00		.00		.00
ICF DDN/DDCN	-	0		.00	^	.00	.00		.00	<u>^</u>	.00
@HEMODIALYSIS TOTAL	0	0		.00	\$.00	.00		.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.00		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.00		.00		.00
@REHABILITATION FACILITY	5	80		1,162.65	\$	14.53	.03		232.53	Ş	.48
HOSPITAL BASED	0	0		.00		.00	.00		.00		.00
INDEPENDENT FACILITY	5	80		1,162.65		14.53	.03		232.53		.48
@LABORATORY FACILITY	20	35		347.07	\$	9.92		4 \$	17.35	\$.14
PATHOLOGY	20	35		347.07		9.92	.01		17.35		.14
XO AND OTHERS	0	0		.00		.00	.00		.00		.00
@ORGANIZED OUTPATIENT CLINIC	408	548		68,835.11	\$	125.61	.22	5 \$		\$	28.28
CLINIC	0	0		.00		.00	.00	0	.00		.00
SURGICENTER	0	0		.00		.00	.00	0	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.00	0	.00		.00
RURAL HEALTH CLINIC	408	548		68,835.11		125.61	.22	5	168.71		28.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDI	TURES MO	NTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THF	U DE	C 2004	P	AGE 6,676
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERVI	CES FOR 133%	PROGRAM	AID	CODES	72 74 8N	8P				
								MON'	THLY AVERA	ΔGE	
2,434 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVE	RAGE COST	UNITS/D	AYS	COST PER		COST PER
		OR DAYS OF C	ARE		PER	UNIT/DAY	PER EI	IG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	39	317	\$	4,890.37	\$	15.43	.13	0 \$	125.39	\$	2.01
DURABLE MED. EQUIP.	2	2		193.06		96.53	.00	1	96.53		.08
BLOOD BANK	0	0		.00		.00	.00		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.00		.00		.00
MEDICAL TRANSPORTATION	5	40		586.99		14.67	.01		117.40		.24
AMBULANCES/AIR TRANS	5	40		586.99		14.67	.01		117.40		.24
OTHER TRANS	0	0		.00		.00	.00		.00		.00
OTHER SERVICES	0	0		.00		.00	.00		.00		.00
ACUPUNCTURE	0	0		.00		.00	.00		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.00		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.00		.00		.00
CHILLO DICHADE IECIING	O .	O		.00		.00	.00	J	.00		• 0 0

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.0	0 .000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.0	0 .000	.00	.00
OPTICIAN	3	17	182.09	10.7	1 .007	60.70	.07
PHYSICAL THERAPIST	0	0	.00	.0	0 .000	.00	.00
PORTABLE X-RAY	0	0	.00	.0	0 .000	.00	.00
PROSTHETIST/ORTHOTISTS	1	4	840.50	210.1	3 .002	840.50	.35
PROSTHETICS	1	4	840.50	210.1	3 .002	840.50	.35
ORTHOTICS	0	0	.00	.0	0 .000	.00	.00
PSYCHOLOGIST	0	0	.00	.0	0 .000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.0	0 .000	.00	.00
HOSPICE SERVICES	0	0	.00	.0	0 .000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.0	0 .000	.00	.00
LOCAL EDUCATION AGENCIES	28	254	3,087.73	12.1	6 .104	110.28	1.27
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.0	0 .000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.0	0 .000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.0	0 .000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.0	0 .000	.00	.00
@CALIF. CHILDREN SERVICES*	12	115	\$ 3 , 926.15	\$ 34.1	4 .047	\$ 327.18	\$ 1.61
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.0	0 .000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,677
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

----- MONTHLY AVERAGE -----1,173 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 243.67 \$ @TOTAL, ALL PROVIDERS 337 2,331 82,116.08 \$ 35.23 1.987 \$ 70.01 @PHYSICIANS SERVICES 93 189 9,572.17 \$ 50.65 .161 \$ 102.93 \$ 8.16 75 62 47.00 OUTPATIENT VISITS 2,913.88 38.85 .064 43 41.04 OFFICE VISITS 1,764.84 33.94 .044 .00 .00 HOME VISITS 0 0 .00 .000 .00 EMERGENCY ROOM 1,084.08 51.62 .018 51.62 .00 0 0 .00 .00 .000 PREVENTIVE CARE OB VISITS/COMPRE PERI 0 0 .00 .00 .000 .00 .00 OTHER OUTPATIENT 64.96 32.48 .002 32.48 .06 .00 .00 .000 .00 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 CRITICAL CARE .000 .00 .00 .00 .00 .000 .00 SNF/ICF/TRANS IP CARE 302.61 43.23 .006 60.52 OPHTHALMOLOGICAL SERVICES .26 EXAMINATIONS 302.61 43.23 .006 60.52 .26 .00 .00 SERVICES AND MATERIALS .00 .000 INPATIENT HOSPITAL SURGERY 159.00 53.00 .003 159.00 .14 .00 .000 .00 .00 . 00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST 3 1 159.00 53.00 .003 159.00 .14 17 38 4,491.51 118.20 264.21 OUTPATIENT SURGERY .032 3.83 17 30 141.55 249.79 PRINCIPAL SURGEON 4,246.46 .026 3.62 0 .00 ASSISTANT SURGEON 0 .00 .000 .00 .00 8 1 245.05 30.63 245.05 .21 ANESTHESIOLOGIST .007 .00 .00 .000 .00 DIALYSIS 9 12 153.25 12.77 PATHOLOGY .010 17.03 .13 19 26 768.20 29.55 40.43 RADIOLOGY .022 .65 PSYCHIATRY .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	3	3		173.28		57.76	.003		57.76		.15
OTHER SERVICES/ALL X-OVERS	17	25		610.44		24.42	.021		35.91		.52
@PHARMACY	133	1,147	\$	22,204.33	\$	19.36	.978	\$	166.95	\$	18.93
PRESCRIPTION DRUGS	126	271		18,449.37		68.08	.231		146.42		15.73
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	126	271		18,449.37		68.08	.231		146.42		15.73
MEDICAL SUPPLIES	14	876		3,754.96		4.29	.747		268.21		3.20
@DENTIST	53	165	\$	5,266.05	\$	31.92	.141	\$	99.36	\$	4.49
VISITS - DIAGNOSTIC	37	115		2,089.00		18.17	.098		56.46		1.78
ORAL SURGERY	4	11		1,328.00		120.73	.009		332.00		1.13
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	3	3		402.00		134.00	.003		134.00		.34
RESTORATIVE DENTISTRY	22	36		1,447.05		40.20	.031		65.78		1.23
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITU	JRES 1	MONTH-OF-PAYMENT R	EPORT	r for Jan	2004 THRU	DEC	2004	PAG:	E 6,678
MOP024	FEE-FOR-SERVICE/DENTA	AL									03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

----- MONTHLY AVERAGE -----1,173 ELIGIBLES EXPENDITURES COST PER USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 302.57 \$ 21.61 .012 \$ 50.43 \$ @OPTOMETRIST 14 \$ DIAGNOSTIC AND ANC. PROCED 4 6 184.79 30.80 .005 46.20 .16 117.78 14.72 EYE APPLIANCES 8 .007 39.26 .10 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 .00 .00 .00 \$ @CHIROPRACTOR .00 \$.000 \$.00 .00 .00 VISITS .00 .000 .00 0 .00 .000 .00 OTHER SERVICES @PODIATRIST 0 .00 \$.00 .000 \$.00 \$.00 .00 .000 .00 MEDICINE/INJECTIONS 0 .00 .00 .00 0 .00 .00 SURGERY/ANES. .000 .00 RADIO./PATHOLOGY 0 .000 .00 .00 .00 .000 OTHER 0 .00 .00 .00 209.98 \$ 52.50 .003 \$ 69.99 \$ @HOME HEALTH AGENCY NURSE ANESTHESIST 0 .00 \$.00 .000 \$.00 \$.00 .00 NURSE MIDWIFE 0 .00 \$.000 \$.00 \$.00 .00 .00 .00 \$ PEDIATRIC NURSE PRACTITIONER 0 .000 \$ FAMILY NURSE PRACTITIONER 0 .00 .00 .000 \$.00 \$.00 .163 \$ @TOTAL HOSPITAL 191 28,772.73 150.64 587.20 \$ 24.53 HOSP INPATIENT TOTAL 15 24,000.08 1600.01 .013 8000.03 15 1600.01 8000.03 HSC HOSPITALS 24,000.08 .013 20.46 NON-HSC HOSPITAL TOTAL 0 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .000 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .000 .00

HOSP OUTPATIENT TOTAL	49	176		4,772.65	27.12	.150	97.40	4.07
MEDICAL	11	14		556.91	39.78	.012	50.63	.47
SURGERY	10	15		410.98	27.40	.013	41.10	.35
PATHOLOGY	19	73		797.63	10.93	.062	41.98	.68
RADIOLOGY	16	19		1,356.24	71.38	.016	84.77	1.16
ROOM USE	30	30		1,264.11	42.14	.026	42.14	1.08
CROSSOVERS/ALL OTH OUTPINT	17	25		386.78	15.47	.021	22.75	.33
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	ES MON	ITH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 6,679
MOP024	FEE-FOR-SERVICE							03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 100% PRO	OGRAM	AID (CODES 7A 7C 8R			
							ONTHLY AVERA	
1,173 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
_		OR DAYS OF CARE			PER UNIT/DAY			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	49	191	\$	28,772.73	\$ 150.64	.163	\$ 587.20	\$ 24.53

COMM HOSP INPATIENT TOTAL	3	15		24,000.08		1600.01	.013		8000.03		20.46
HSC HOSPITALS	3	15		24,000.08		1600.01	.013		8000.03		20.46
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	49	176		4,772.65		27.12	.150		97.40		4.07
MEDICAL	11	14		556.91		39.78	.012		50.63		.47
SURGERY	10	15		410.98		27.40	.013		41.10		.35
PATHOLOGY	19	73		797.63		10.93	.062		41.98		.68
RADIOLOGY	16	19		1,356.24		71.38	.016		84.77		1.16
ROOM USE	30	30		1,264.11		42.14	.026		42.14		1.08
CROSSOVERS/ALL OTH OUTPINT	17	25		386.78		15.47	.021		22.75		.33
@STATE HOSPITAL	0	0	\$.00		.00		\$.00	Ś	.00
MENTALLY ILL	0	0	'	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00		.00	.000	\$.00	Ś	.00
LEV A-INTERMEDIATE	0	0	т	.00		.00	.000	т	.00	Τ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$.00	Ś	.00
ICF DDH	0	0	Υ	.00		.00	.000	۲	.00	Υ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	т	.00		.00	.000	т	.00	Τ.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00		.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	т	.00		.00	.000	т	.00	Τ.	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	27	91	\$	1,188.99		13.07	.078	\$	44.04	Ś	1.01
PATHOLOGY	27	91	т.	1,188.99		13.07	.078	-1	44.04	т.	1.01
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	92	397	\$	12,757.33		32.13	.338	\$	138.67	Ś	10.88
CLINIC	40	331		4,378.88		13.23	.282		109.47		3.73
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	54	66		8,378.45		126.95	.056		155.16		7.14
#CALIF DEPT OF HEALTH SERV			URES MO	ONTH-OF-PAYMENT				DEC		P.	AGE 6,680
MOP024	FEE-FOR-SERVICE										03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 100%	PROGRAI	M AID	CODES	7A 7C 8R	8T				
							M	ONT	HLY AVERA	GE	
1,173 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CA	RE		PER	R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	44		\$	1,841.93	\$	13.85	.113	\$	41.86		1.57
DURABLE MED. EQUIP.	1	2		37.74		18.87	.002		37.74		.03
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	2		128.08		64.04	.002		128.08		.11

AMBULANCES/AIR TRANS	1	2	128.08	64.04	.002	128.08	.11
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.002	105.00	.18
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	22	257.08	11.69	.019	42.85	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	333.19	83.30	.003	166.60	.28
PROSTHETICS	1	3	233.53	77.84	.003	233.53	.20
ORTHOTICS	1	1	99.66	99.66	.001	99.66	.08
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	32	101	875.84	8.67	.086	27.37	.75
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	526	\$ 3,712.64	\$ 7.06	.448	\$ 464.08	\$ 3.17
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,681
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,986 13,304 399,588.61 \$ 30.04 .000 \$ 201.20 \$ @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 420 915 38,470.75 42.04 .000 \$ 91.60 \$.00 OUTPATIENT VISITS 245 407 24,340.77 59.81 .000 99.35 .00 96 95 22.65 22.42 OFFICE VISITS 2,152.21 .000 .00 HOME VISITS 0 .00 .00 .000 .00 .00 0 0 EMERGENCY ROOM 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 PREVENTIVE CARE .000 191 312 22,188.56 71.12 .000 116.17 OB VISITS/COMPRE PERI .00 .00 OTHER OUTPATIENT 0 0 .00 .00 .000 .00 .00 .00 .000 .00 .00 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 OPHTHALMOLOGICAL SERVICES .00 .00 .00 .000 .00 .00 .00 .00 EXAMINATIONS .000 .00 .00 .00 .00 .00 SERVICES AND MATERIALS .000 INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 .000 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 .00 ASSISTANT SURGEON 0 ANESTHESIOLOGIST 0 .00 .00 .000 .00 .00 40 56 OUTPATIENT SURGERY 2,474.80 44.19 .000 61.87 .00 PRINCIPAL SURGEON 2,381.35 44.10 .000 59.53 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	2	2		93.45		46.73	.000	46.73		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	144	232		991.15		4.27	.000	6.88		.00
RADIOLOGY	179	198		10,463.39		52.85	.000	58.45		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	15	22		200.64		9.12	.000	13.38		.00
@PHARMACY	275	510	\$	14,581.89	\$	28.59	.000	\$ 53.03	\$.00
PRESCRIPTION DRUGS	251	450		8,613.88		19.14	.000	34.32		.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	251	450		8,613.88		19.14	.000	34.32		.00
MEDICAL SUPPLIES	29	60		5,968.01		99.47	.000	205.79		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES N	MONTH-OF-PAYMENT R	EPOR:	r for Jan	2004 THRU	DEC 2004	PA	GE 6,682
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	PRESUM	IPTIVE	E ELIGIBILITY-PREG	NANT	AID CODES	5 7F 7G			

THINCH COOMIT	DOMINICI OF BEILL	TODO TON TIME	OLILITAD	DDIOIDIDITI INDO	TAT 71 A T T	IID CODED	71 70				
							M	ГИC	THLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVEF	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF C	ARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	73	149	\$	6,339.00	\$	42.54	.000	\$	86.84	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	73	149		6,339.00	42.54	.000	86.84		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	16	47		945.84	20.12	.000	59.12		.00
PATHOLOGY	19	29		607.36	20.94	.000	31.97		.00
RADIOLOGY	43	48		3,975.17	82.82	.000	92.45		.00
ROOM USE	20	24		801.52	33.40	.000	40.08		.00
CROSSOVERS/ALL OTH OUTPINT	1	1		9.11	9.11	.000	9.11		.00
@COUNTY HOSPITAL TOTAL	1	7	\$	298.29	\$ 42.61	.000 \$	298.29	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1	7		298.29	42.61	.000	298.29		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	i	1		53.15	53.15	.000	53.15		.00
PATHOLOGY	1	3		163.81	54.60	.000	163.81		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	1	2		72.22	36.11	.000	72.22		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		9.11	9.11	.000	9.11		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	IONTH-OF-PAYMENT RE				PAG	
MOP024	FEE-FOR-SERVICE				2101(1 101(0111(2	.ooi iiiiko bi	.0 2001		03/14/05
MARIN COUNTY	SUMMARY OF SERV	•	PTTVF	ELIGIBILITY-PREGN	NANT AID CODES	7F 7G			33/ 11/ 03
THICH COUNTY	SOIMMING OF SERV			. EEIGIBIEIII INEGI	IIID 00DD0	MON	THIY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	AVERAGE COST		COST PER	-	ST PER
00 EETCIBEE	OBLIG	OR DAYS OF CARE			PER UNIT/DAY		USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	72	142	Ś	6,040.71	\$ 42.54	.000 \$.00
COMM HOSP INPATIENT TOTAL	0	0	~	.00	.00	.000	.00	7	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
1100 11001 1111110	O O	O O		• 0 0	• 0 0	• 0 0 0	• 5 0		• • •

					MON	THLY AVERAG.	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	72	142 \$	6,040.71	\$ 42.54	.000 \$	83.90	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	72	142	6,040.71	42.54	.000	83.90	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	15	46	892.69	19.41	.000	59.51	.00
PATHOLOGY	18	26	443.55	17.06	.000	24.64	.00
RADIOLOGY	43	48	3,975.17	82.82	.000	92.45	.00
ROOM USE	19	22	729.30	33.15	.000	38.38	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	772	1,883	\$	52,343.73	\$	27.80	.000	\$	67.80	\$.00
PATHOLOGY	772	1,883		52,343.73		27.80	.000		67.80		.00
XO AND OTHERS	0	, 0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,307	9,761	\$	279,062.84	\$	28.59	.000	\$	213.51	\$.00
CLINIC	1,301	9 , 753		277,478.59		28.45	.000		213.28		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	8		1,584.25		198.03	.000		264.04		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES N	MONTH-OF-PAYMENT RE	EPOR'	T FOR JAN 20	004 THRU	DEC	2004	PA	GE 6,684
MOP024	FEE-FOR-SERVICE/DEN	ΓAL									03/14/05
MARIN COUNTY	SUMMARY OF SERVICES	FOR PRESUM	IPTIVE	E ELIGIBILITY-PREGN	TNAN	AID CODES '	7F 7G				
						=	M	ONT	HLY AVERA	GE -	

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

00 ELIGIBLES

	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	83	86 \$	8,790.40	\$ 102.21	.000 \$	105.91	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	80	81	8,481.00	104.70	.000	106.01	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	3	5	309.40	61.88	.000	103.13	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,685 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MARIN COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

					MON	THLY AVERAC	SE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
PRINCIPAL SURGEON	0	· · · · · · · · · · · · · · · · · · ·									.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0	Ċ		Ċ			Ċ		<u>_</u>	
@DENTIST	U	•	\$.00	\$.00	.000	Þ	.00	Þ	.00
VISITS - DIAGNOSTIC	U	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER SERVICES	· · · · · · · · · · · · · · · · · · ·	•		.00		.00	.000	550	.00	_	.00
#CALIF DEPT OF HEALTH SERV			ES I	MONTH-OF-PAYMENT RE	PORT	FOR JAN 2	2004 THRU	DEC	2004	Ρ.	AGE 6,686
MOP024	FEE-FOR-SERVICE/				_						03/14/05
MARIN COUNTY	SUMMARY OF SERVI	CES FOR MEDI-CA	L T	UBERCULOSIS PROGRAM	1	AID CODE					
									HLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST					COST PER
		OR DAYS OF CARE			PER				USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	Ö		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
MEDICINE/INJECTIONS	0	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	Ş	.00	.000		.00		.00
NURSE ANESTHESIST	0	0	Ş	.00	\$.00	.000	\$.00		.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0						
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ω	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0					
ALL OTHER ACCOM	0	Ü	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	U	U	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0						
@COUNTY HOSPITAL TOTAL	U	0 \$.00	\$.00	.000 \$		•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ô	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	U	U	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	· · · · · · · · · · · · · · · · · · ·	CES AND EXPENDITURES MON					PAGE 6,687
			NIH-OF-PAIMENI RE	SPORT FOR JAN .	ZUU4 INKU DE	C 2004	
MOP024	FEE-FOR-SERVICE						03/14/05
MARIN COUNTY	SUMMARY OF SERV	JICES FOR MEDI-CAL TUBE	ERCULOSIS PROGRAM	AID CODE	7H		
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0						
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					.00
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	
ANCILLARIES	U	U -	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	9	· ·	• • •	• • • •	• • • • •	• • • •	• • • •

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	Û	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	0										
CROSSOVERS/ALL OTH OUTPTNT	U	0	_	.00	_	.00	.000	_	.00	_	.00
@STATE HOSPITAL	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	Û	0	'	.00	·	.00	.000		.00	·	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE FREESTANDING	U	U		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0										
ICF DDN/DDCN	U	0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	0	0 \$	À	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	'	.00	·	.00	.000		.00		.00
INDEPENDENT FACILITY	Ô	Ö		.00		.00	.000		.00		.00
	0		4		\$			ċ	.00	\$	
@LABORATORY FACILITY	U	,	?	.00	Ş	.00	.000	\$		Ş	.00
PATHOLOGY	U	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	Û	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
	•		NONELL OF D		DODE EC			DEC		DACE	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		S MONTH-OF-P	AYMENT RE	PORT FC	DR JAN Z	UU4 THRU	DEC	2004	PAGE	•
MOP024	FEE-FOR-SERVICE/DE									0	3/14/05
MARIN COUNTY	SUMMARY OF SERVICE	S FOR MEDI-CAL	TUBERCULOSI	S PROGRAM	I Al	ID CODE	7H				
							M	IONTE	HLY AVERA	GE	
00 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPEN	DITURES	AVERAG	GE COST	UNITS/DAY	s c	COST PER	COS	Γ PER
	0.	R DAYS OF CARE			PER UN	JIT/DAY	PER ELIG	7	USER	ELI	GIBLE
@ALL OTHER PROVIDERS	0	0 \$	5	.00	\$.00	.000		.00	\$.00
DURABLE MED. EQUIP.	0	0	r	.00	т	.00	.000	т	.00	т	.00
~	0										
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	U	Ü		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00			.000		.00		.00
		•				.00					
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
11/00111111101/01/1110110110110	O	O		• • • •			.000		.00		• • •

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
O+ MOMATO TAL MURGE TIMES ARE CITIEN AS	* * ODD*D****	TATEODAY MICAL THEAT ONLY					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,689 FEE-FOR-SERVICE/DENTAL

03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

						MO	NTHLY AVERA	GE
161 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	144	1,118	\$	67 , 079.71	\$ 60.00	6.944	\$ 465.83	\$ 416.64
@PHYSICIANS SERVICES	37	121	\$	8,514.22	\$ 70.37	.752	\$ 230.11	\$ 52.88
OUTPATIENT VISITS	9	16		1,104.99	69.06	.099	122.78	6.86
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5		318.00	63.60	.031	63.60	1.98
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	11		786.99	71.54	.068	196.75	4.89
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	3	8		303.41	37.93	.050	101.14	1.88

HOSPITAL VISITS	3	8			303.41		37.93	.050		101.14		1.88
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	6	27			1,239.52		45.91	.168		206.59		7.70
PRINCIPAL SURGEON	2	2			625.35		312.68	.012		312.68		3.88
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	4	25			614.17		24.57	.155		153.54		3.81
OUTPATIENT SURGERY	12	14			4,370.75		312.20	.087		364.23		27.15
PRINCIPAL SURGEON	12	12			4,273.85		356.15	.075		356.15		26.55
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	2			96.90		48.45	.012		48.45		.60
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	2	6			23.52		3.92	.037		11.76		.15
RADIOLOGY	15	19			987.43		51.97	.118		65.83		6.13
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	15			116.28		7.75	.093		29.07		.72
OTHER SERVICES/ALL X-OVERS	6	16			368.32		23.02	.099		61.39		2.29
@PHARMACY	17	40	\$		791.17	\$	19.78	.248	\$	46.54	\$	4.91
PRESCRIPTION DRUGS	17	40			791.17		19.78	.248		46.54		4.91
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	17	40			791.17		19.78	.248		46.54		4.91
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES M	ONTH-OF-	PAYMENT RE	PORT	FOR JAN 200	4 THRU	DEC	2004	P7	AGE 6,690
MOP024	FEE-FOR-SERVICE/DENTA	L										03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

COST PER ELIGIBLE
ELIGIBLE
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
\$ \$

RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
OTHER	0	0	.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	2	2 \$	104.99	\$	52.50	.012	\$ 52.50	\$.65
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	Ś	.00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	Ś	.00	.000		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	Ś	.00	.000	•	\$.00
@TOTAL HOSPITAL	23	106 \$	32,560.19	\$	307.17	.658			2.24
HOSP INPATIENT TOTAL	8	22		Y	1375.76	.137	3783.35		7.99
	6	16	30,266.79						
HSC HOSPITALS	6		24,360.09		1522.51	.099	4060.02		1.30
NON-HSC HOSPITAL TOTAL	2	6	5,906.70		984.45	.037	2953.35		6.69
ACCOMMODATIONS	2	6	1,845.90		307.65	.037	922.95	1:	1.47
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	2	6	1,845.90		307.65	.037	922.95	1	1.47
ANCILLARIES	2	0	4,060.80		.00	.000	2030.40	2.	5.22
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	17	84	2,293.40		27.30	.522	134.91	1.	4.24
MEDICAL	1	2	54.26		27.13	.012	54.26	_	.34
SURGERY	3	6	179.64		29.94	.037	59.88		1.12
PATHOLOGY	10	34	590.62		17.37	.211	59.06		3.67
	4	6							
RADIOLOGY	4		349.64		58.27	.037	87.41		2.17
ROOM USE	9	17	875.46		51.50	.106	97.27		5.44
CROSSOVERS/ALL OTH OUTPINT	./	19	243.78		12.83	.118	34.83		1.51
@COUNTY HOSPITAL TOTAL	6	56 \$	8,158.74	\$	145.69	.348			0.68
CO HOSPITAL INPATIENT TOTAL	1	5	6,760.03		1352.01	.031	6760.03	4	1.99
HSC HOSPITALS	1	5	6,760.03		1352.01	.031	6760.03	4	1.99
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	5	51	1,398.71		27.43	.317	279.74		8.69
	5	0						'	
MEDICAL	U	•	.00		.00	.000	.00		.00
SURGERY	3	6	179.64		29.94	.037	59.88		1.12
PATHOLOGY	3	19	399.94		21.05	.118	133.31		2.48
RADIOLOGY	O	0	.00		.00	.000	.00		.00
ROOM USE	4	12	678.86		56.57	.075	169.72	•	4.22
CROSSOVERS/ALL OTH OUTPTNT	4	14	140.27		10.02	.087	35.07		.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MC	NTH-OF-PAYMENT R	EPOR'	r for jan :	2004 THRU 1	DEC 2004	PAGE	6,691
MOP024	FEE-FOR-SERVICE	I/DENTAL						03.	/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MINOR CONSEN	IT AID CODES AID	CODE	S 7M 7P 7R	7N			
						Mo	ONTHLY AVERA	GE	
161 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	S COST PER	COST	PER
		OR DAYS OF CARE				PER ELIG	USER	ELIG	IBLE
@COMMUNITY HOSPITAL TOTAL	17	50 \$	24,401.45		488.03	.311			1.56
COMM HOSP INPATIENT TOTAL	7	17	23,506.76		1382.75	.106	3358.11		6.00
HSC HOSPITALS	5	11	17,600.06		1600.01	.068	3520.01		9.32
NON-HSC HOSPITALS TOTAL	2	6	5,906.70		984.45	.037	2953.35		6.69
ACCOMMODATIONS	2	6	1,845.90		307.65	.037	922.95		1.47
	0	0			.00	.000	.00	1.	.00
ADMINISTRATIVE DAYS	0	0	.00						
TRANSITIONAL IP CARE	U	U	.00		.00	.000	.00		.00

ALL OTHER ACCOM	2	6		1,845.90		307.65	.037		922.95		11.47
ANCILLARIES	2	0		4,060.80		.00	.000		2030.40		25.22
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	12	33		894.69		27.11	.205		74.56		5.56
MEDICAL	1	2		54.26		27.13	.012		54.26		.34
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	15		190.68		12.71	.093		27.24		1.18
RADIOLOGY	4	6		349.64		58.27	.037		87.41		2.17
ROOM USE	5	5		196.60		39.32	.031		39.32		1.22
CROSSOVERS/ALL OTH OUTPINT	3	5		103.51		20.70	.031		34.50		.64
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	·	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	·	.00	·	.00	.000	·	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	·	.00	.000	·	.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	'	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	Ś	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	28	58	\$	1,057.77	\$	18.24	.360	\$	37.78	Ś	6.57
PATHOLOGY	28	58	-	1,057.77	7	18.24	.360	т.	37.78	-	6.57
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	90	788	\$	23,736.37	\$	30.12	4.894	Ś		Ś	147.43
CLINIC	83	672		21,566.61	'	32.09	4.174		259.84		133.95
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	5	110		1,157.67		10.52	.683		231.53		7.19
RURAL HEALTH CLINIC	3	6		1,012.09		168.68	.037		337.36		6.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	-	URES		REPORT			DEC		P;	AGE 6,692
MOP024	FEE-FOR-SERVICE/DENTAL				0111						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	MINOR	CONS	SENT AID CODES AID	CODES	7M 7P 7R 7N					10, 11, 00
* * **:= =							_				

----- MONTHLY AVERAGE -----161 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 315.00 \$ 105.00 .019 \$ 105.00 \$ @ALL OTHER PROVIDERS 3 3 \$ 1.96 DURABLE MED. EQUIP. .00 .00 .000 .00 0 .00 .00 BLOOD BANK 0 .00 .000 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 .00 .00 .00 MEDICAL TRANSPORTATION .000 .00 .00 .00 .00 AMBULANCES/AIR TRANS .000 .00 OTHER TRANS .00 .000 .00 .00 .00 OTHER SERVICES .00 .000 .00 .00 ACUPUNCTURE 0 0 .00 .00 .00 .000 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR .000 GENETIC DISEASE TESTING 315.00 105.00 .019 105.00 1.96

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,693
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

----- MONTHLY AVERAGE -----798 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1.856 \$ 253.10 \$ 108.47 @TOTAL, ALL PROVIDERS 342 1,481 86,561.32 \$ 58.45 108 .563 \$ 317.17 \$ @PHYSICIANS SERVICES 449 34,254.16 \$ 76.29 42.93 79 107 35.82 48.51 OUTPATIENT VISITS 3,832.61 .134 42 36.81 OFFICE VISITS 1,546.08 24.94 .078 .00 HOME VISITS 0 0 .00 .00 .000 .00 37 EMERGENCY ROOM 38 1,802.13 47.42 .048 48.71 2.26 1 PREVENTIVE CARE 37.39 37.39 .001 37.39 367.14 OB VISITS/COMPRE PERI 91.79 .005 367.14 .46 OTHER OUTPATIENT 79.87 39.94 .003 39.94 .10 83.57 41.79 .003 83.57 INPATIENT VISITS HOSPITAL VISITS 83.57 41.79 .003 83.57 .10 .00 CRITICAL CARE .00 .000 .00 .00 .00 .00 .000 .00 SNF/ICF/TRANS IP CARE 359.12 44.89 .010 51.30 OPHTHALMOLOGICAL SERVICES EXAMINATIONS 359.12 44.89 .010 51.30 . 45 .00 .00 SERVICES AND MATERIALS .00 .000 198.69 INPATIENT HOSPITAL SURGERY 794.75 .005 264.92 1.00 683.52 341.76 .003 341.76 . 86 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST 1 2 111.23 55.62 .003 111.23 .14 OUTPATIENT SURGERY 14 37 2,724.29 73.63 194.59 .046 3.41 2,240.23 11 140.01 203.66 PRINCIPAL SURGEON 16 .020 2.81 0 .00 ASSISTANT SURGEON 0 .00 .000 .00 .00 4 21 484.06 23.05 121.02 ANESTHESIOLOGIST .026 . 61 .00 .00 .000 .00 .00 DIALYSIS 13 35 12.59 PATHOLOGY 440.57 .044 33.89 .55 20 28 990.66 35.38 49.53 RADIOLOGY .035 1.24 PSYCHIATRY .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	4	200		24,427.53		122.14	.251	6106.88		30.61
OTHER SERVICES/ALL X-OVERS	7	28		601.06		21.47	.035	85.87		.75
@PHARMACY	129	270	\$	17 , 675.37	\$	65.46	.338	•	\$	22.15
PRESCRIPTION DRUGS	129	266		17 , 507.77		65.82	.333	135.72		21.94
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	129	266		17 , 507.77		65.82	.333	135.72		21.94
MEDICAL SUPPLIES	4	4		167.60		41.90	.005	41.90		.21
@DENTIST	38	151	\$	6 , 075.25	\$	40.23	.189	\$ 159.88	\$	7.61
VISITS - DIAGNOSTIC	26	89		1,326.25		14.90	.112	51.01		1.66
ORAL SURGERY	6	9		471.00		52.33	.011	78.50		.59
DRUGS	1	1		25.00		25.00	.001	25.00		.03
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	1	1		118.00		118.00	.001	118.00		.15
ENDODONTICS	4	7		2,051.00		293.00	.009	512.75		2.57
RESTORATIVE DENTISTRY	15	43		2,084.00		48.47	.054	138.93		2.61
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2004 THRU I	DEC 2004	PA	GE 6,694
MOP024	FEE-FOR-SERVICE	/DENTAL								03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR EDWARDS	CASE	ES IN PA-FAMILIES		AID CODE	38			
							MO	ONTHLY AVERA	GE -	
798 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	S COST PER	C	COST PER
		OR DAYS OF CAR	C		PEI	R UNIT/DAY	PER ELIG	USER	E	CLIGIBLE
@OPTOMETRIST	5	11	\$	223.45	\$	20.31	.014	\$ 44.69	\$.28
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.003	47.45		.12
EYE APPLIANCES	3	9		128.55		14.28	.011	42.85		.16
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00

ACILITA ODD ACTION	0		0	Ċ	0.0	ċ	0.0	.000	Ċ	0.0	ċ	0.0
@CHIROPRACTOR	0			\$.00	\$.00		Ą	.00	Ą	.00
VISITS			0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0			\$		\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1			\$		\$	52.50	.003	Ś	104.99	S	.13
NURSE ANESTHESIST	0		0	Ċ	.00	\$.00		\$		\$.00
	0		0	ć		\$.00				Ś	
NURSE MIDWIFE	0			ې م					\$.00
PEDIATRIC NURSE PRACTITIONER	•		0	\$		\$.00		\$		\$.00
FAMILY NURSE PRACTITIONER	0		0	Ş		\$.00		\$		\$.00
@TOTAL HOSPITAL	72	25	56	\$		\$.321	\$	189.94	\$	17.14
HOSP INPATIENT TOTAL	3		4		6,904.64		1726.16	.005		2301.55		8.65
HSC HOSPITALS	2		2		3,200.01		1600.01	.003		1600.01		4.01
NON-HSC HOSPITAL TOTAL	1		2		3,704.63		1852.32	.003		3704.63		4.64
ACCOMMODATIONS	1		2		926.40		463.20	.003		926.40		1.16
ADMINISTRATIVE DAYS	0		Ω		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		2 0 0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		2		926.40		463.20	.003		926.40		1.16
	1		0									
ANCILLARIES	1				2,778.23		.00	.000		2778.23		3.48
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	70	25	52		6,771.17		26.87	.316		96.73		8.49
MEDICAL	15	-	L5		395.24		26.35	.019		26.35		.50
SURGERY	11	-	L7		826.96		48.64	.021		75.18		1.04
PATHOLOGY	26	(93		1,167.27		12.55	.117		44.90		1.46
RADIOLOGY	16	1	L7		728.38		42.85	.021		45.52		.91
ROOM USE	49	6	51		2,700.20		44.27	.076		55.11		3.38
CROSSOVERS/ALL OTH OUTPINT	27		19		953.12		19.45	.061		35.30		1.19
@COUNTY HOSPITAL TOTAL	0			\$		\$.00	.000	Ċ	.00	Ċ	.00
_	0		0	۲		Ą		.000	۲		Ą	
CO HOSPITAL INPATIENT TOTAL	•				.00		.00			.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
	0		0									
SURGERY	U		-		.00		.00	.000		.00		.00
PATHOLOGY	Ü		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENI	DITURE	S MONT	TH-OF-PAYMENT RE	EPOR'	T FOR JAN 2	2004 THRU	DEC	2004	PA	GE 6,695
MOP024	FEE-FOR-SERVICE/	DENTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERVI		VARDS	CASES	IN PA-FAMILIES		AID CODE	38				. ,
								M	ОИТ	HLY AVERA	GE -	
798 ELIGIBLES	USERS	UNITS OF SEE	RVICE		EXPENDITURES	Δ1 <i>7</i>	ERAGE COST					COST PER
, >0 [10101010]	001110	OR DAYS OF			TWITINDITONED		R UNIT/DAY			USER		CLIGIBLE
ACOMMINITE HOCDIES ECONO	72			Ċ	13,675.81	РĿ. Ś				189.94		
@COMMUNITY HOSPITAL TOTAL	1 2	23	56	\$	13,0/3.81	Ą	53.42	.321	Ą	109.94	Ą	17.14

COMM HOSP INPATIENT TOTAL	3	Δ		6,904.64		1726.16	.005		2301.55		8.65
HSC HOSPITALS	2	2		3,200.01		1600.01	.003		1600.01		4.01
NON-HSC HOSPITALS TOTAL	1	2		3,704.63		1852.32	.003		3704.63		4.64
ACCOMMODATIONS	1	2		926.40		463.20	.003		926.40		1.16
ADMINISTRATIVE DAYS		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00			.00		.00
	0	0					.000				
ALL OTHER ACCOM	1	2		926.40		463.20	.003		926.40		1.16
ANCILLARIES	1	0		2,778.23		.00	.000		2778.23		3.48
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	70	252		6,771.17		26.87	.316		96.73		8.49
MEDICAL	15	15		395.24		26.35	.019		26.35		.50
SURGERY	11	17		826.96		48.64	.021		75.18		1.04
PATHOLOGY	26	93		1,167.27		12.55	.117		44.90		1.46
RADIOLOGY	16	17		728.38		42.85	.021		45.52		.91
ROOM USE	49	61		2,700.20		44.27	.076		55.11		3.38
CROSSOVERS/ALL OTH OUTPTNT	27	49		953.12		19.45	.061		35.30		1.19
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ċ	.00	Ġ	.00
LEV A-INTERMEDIATE	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
	0	0		.00					.00		
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0				.00	.000				.00
LEV B-SUBACUTE HSPTL BASED	U			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	O	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	14	50	\$	908.51	\$	18.17	.063	Ś	64.89	Ś	1.14
PATHOLOGY	14	50	Y	908.51	Y	18.17	.063	۲	64.89	Υ	1.14
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	75	195	\$	12,047.00	\$	61.78		\$	160.63	Ċ	15.10
	18		ې	-	Ą			Ş	134.19	ې	
CLINIC		119		2,415.44		20.30	.149				3.03
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	58	76		9,631.56		126.73	.095		166.06		12.07
#CALIF DEPT OF HEALTH SERV			RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	Ρ.	AGE 6,696
MOP024	FEE-FOR-SERVICE										03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR EDWARD	S CASE	S IN PA-FAMILIES		AID CODE					
							N	TNOI	HLY AVERA		
798 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	'S	COST PER		COST PER
		OR DAYS OF CAR	E		PER	R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	27	97	\$	1,596.78	\$	16.46	.122	\$	59.14	\$	2.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	11		160.03		14.55	.014		160.03		.20
	_			= : : : 3 0							

AMBULANCES/AIR TRANS	1	11	160.03	14.55	.014	160.03	.20
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.13
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	16	162.28	10.14	.020	32.46	.20
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	11	588.75	53.52	.014	294.38	.74
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	17	57	572.71	10.05	.071	33.69	.72
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.001	8.01	.01
@CALIF. CHILDREN SERVICES*	5	14	\$ 1,673.49	\$ 119.54	.018	\$ 334.70	\$ 2.10
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,697
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

			MONTHLY AVERAGE -				
241 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	76	349	\$ 16 , 171.56	\$ 46.34	1.448	\$ 212.78	\$ 67.10
@PHYSICIANS SERVICES	20	36	\$ 1,470.31	\$ 40.84	.149	\$ 73.52	\$ 6.10
OUTPATIENT VISITS	16	22	924.85	42.04	.091	57.80	3.84
OFFICE VISITS	1	1	24.00	24.00	.004	24.00	.10
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	14	20	855.09	42.75	.083	61.08	3.55
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.004	45.76	.19
INPATIENT VISITS	2	2	97.47	48.74	.008	48.74	.40
HOSPITAL VISITS	2	2	97.47	48.74	.008	48.74	.40
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	5	327.04	65.41	.021	109.01	1.36
PRINCIPAL SURGEON	3	5	327.04	65.41	.021	109.01	1.36

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	4	5		53.04		10.61	.021		13.26		.22
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	2		67.91		33.96	.008		33.96		.28
@PHARMACY	54	128	\$	10,458.31	\$	81.71	.531	\$	193.67	\$	43.40
PRESCRIPTION DRUGS	54	128		10,458.31		81.71	.531		193.67		43.40
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	54	128		10,458.31		81.71	.531		193.67		43.40
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	2	6	\$	213.00	\$	35.50	.025	\$	106.50	\$.88
VISITS - DIAGNOSTIC	2	4		120.00		30.00	.017		60.00		.50
ORAL SURGERY	1	1		45.00		45.00	.004		45.00		.19
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1		48.00		48.00	.004		48.00		.20
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES MONT	H-OF-PAYMENT RI	EPORT	' FOR JAN 2	2004 THRU	DEC	2004	PAG	•
MOP024	FEE-FOR-SERVICE/DENTAL		,				_				03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR	SSI A	.PPEAL/NLD	C IN PA-DISABLE	ED AI	D CODES 61	1 6P				

THINKIN COONTI	DOIMMING OF BEIN	VICED TON DET III		NEDC IN IN DIGNOLI	ـ 11.	ID CODED OF	. 01				
									THLY AVERA	.GE	
241 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES			UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	Ε		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	17	65	\$	1,353.29	\$	20.82	.270	\$	79.61	\$	5.62
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

TRANSITIONAL IP CARE ALC OTHER ACCOM O O O O O O O O ANCILLARIES O O O O O O O ANCILLARIES O O O O O O O O O O O O O	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
ANCILIARIES 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .	ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT 00 0 0.00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
MEDICAL 2 3 52.82 17.61 0.12 26.41 22 SURGERY 1 1 21.52 21.52 0.04 21.52 0.09 PATHOLOGY 5 19 146.88 7.73 .079 29.38 .61 RADIOLOGY 3 3 114.97 38.32 .012 38.32 .48 ROOM USE 14 23 825.83 35.91 .095 58.99 3.43 CROSSOVERS/ALL OTH OUTPTNT 10 16 191.27 11.95 .066 19.13 .79 @COUNTY HOSPITAL TOTAL 0 0 \$.00	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
SURGERY 1	HOSP OUTPATIENT TOTAL	17	65	1,353.29	20.82	.270	79.61	5.62
PATHOLOGY	MEDICAL	2	3	52.82	17.61	.012	26.41	.22
RADIOLOGY	SURGERY	1	1	21.52	21.52	.004	21.52	.09
ROOM USE 14 23 825.83 35.91 .095 58.99 3.43 CROSSOVERS/ALL OTH OUTPTNT 10 16 191.27 11.95 .066 19.13 .79 (COUNTY HOSPITAL TOTAL 0 0 \$.00	PATHOLOGY	5	19	146.88	7.73	.079	29.38	.61
CROSSOVERS/ALL OTH OUTPTNT 10	RADIOLOGY	3	3	114.97	38.32	.012	38.32	.48
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00	ROOM USE	14	23	825.83	35.91	.095	58.99	3.43
CO HOSPITAL INPATIENT TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CROSSOVERS/ALL OTH OUTPTNT	10	16	191.27	11.95	.066	19.13	.79
HSC HOSPITALS 0 0 .00 .	@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
NON-HSC HOSPITALS TOTAL 0 0 .00	CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS 0 0 .00	ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANCILLARIES	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL 0 0 .00	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
MEDICAL 0 0 .00 <td>ALL OTHER INPATIENT</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td></td> <td></td> <td></td>	ALL OTHER INPATIENT	0	0	.00	.00			
SURGERY 0 0 .00 <td></td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td></td> <td>.00</td> <td></td>		0	0	.00	.00		.00	
PATHOLOGY 0 0 .00 </td <td>MEDICAL</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td></td>	MEDICAL	0	0	.00	.00	.000	.00	
RADIOLOGY 0 0 .00 <td< td=""><td>SURGERY</td><td>0</td><td>0</td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td>.00</td></td<>	SURGERY	0	0	.00	.00	.000	.00	.00
ROOM USE 0 0 .00	PATHOLOGY	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00	RADIOLOGY	0	0	.00	.00	.000	.00	.00
		0	0					
#CALIE DEPT OF HEALTH SERV. MEDI-CAL SERVICES AND EXPENDITUIRES MONTH-OF-DAVMENT REDORT FOR TAN 2004 TIDES 2004 DEC 2004 DACE 6 600		0	0					
TOABIT DELI OF HEADIN DERV MEDI CAR SERVICES AND EXTENDITIONES MONTH OF FAIMENT REPORT FOR DAM 2004 TAKE DEC 2004 FAGE 0,033	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 6,699

MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P 03/14/05

THICH COONTI	BOTHERICE OF BEICV	ICEO ION BOI MII	шили/ г	VEDC IN IN DIGNED	יייי ער	D CODED OF	M		III V 717557	CE	
241 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	Z/LL	RACE COST					OST PER
						/			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	17	OR DAIS OF CARE	, ¢	1,353.29	¢ ¢		270		79.61		
COMM HOSD INDATIFAT TOTAL	1 /	0	٧	.00	Ÿ	20.02	.270		.00		.00
	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0 0 0 0 0	0		.00		.00	.000		.00		.00
NON-DSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	U	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	Ü		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0 0 0 17	0		.00		.00	.000 .000 .000 .000 .000 .270 .012 .004 .079		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	17	65		1,353.29		20.82	.270		79.61		5.62
MEDICAL	2	3		52.82		17.61	.012		26.41		.22
SURGERY	1	1		21.52		21.52	.004		21.52		.09
PATHOLOGY	5	19		146.88		7.73	.079		29.38		.61
RADIOLOGY	3	3		114.97		38.32 35.91	.012		38.32		.48
ROOM USE	14	23		825.83		35.91	.095		58.99		3.43
PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	10	0 0 0 0 0 0 0 0 0 65 3 1 19 3 23 16 0		191.27		11.95	.066		19.13		.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0					.000				.00
@NURSING FACILITY	Ö	0	\$.00	Ś	.00	.000	Ś	.00		.00
LEV A-INTERMEDIATE	0	0	7	.00	7	.00	000	7	.00		.00
LEV B-REHAB MD	0	Ô		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0 0 0 0		.00		.00	.000		.00		.00
TEV B SODACOTE INDESTANDING	0	0		.00		.00	000		.00		.00
IEV D SODACOTE HISTED DASED	0	0		.00		.00	.000		.00		.00
LEV D DECLIAD	0	0		.00		.00	.000		.00		.00
AINMEDMEDIAME CADE EACTI DD	0	0	Ś	.00	Ś	.00	.000			ċ	.00
GINIERMEDIALE CARE FACILDD	0	0	Ą		Ą					Ą	
ICF DDH	U			.00		.00	.000		.00		.00
ICF DD	U	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	U	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	Ş	.00	.000		.00		
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	Ş	.00	Ş	.00	.000		.00		
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	22	\$	328.36			.091				1.36
PATHOLOGY	6	22		328.36		14.93	.091				1.36
XO AND OTHERS	0	0		.00		.00	.000				.00
@ORGANIZED OUTPATIENT CLINIC	6	7	\$	1,202.55	\$	171.79	.029				4.99
CLINIC	1	1		22.41		22.41	.004		22.41		.09
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0 0 0 22 22 0 7 1 0 0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	6		1,180.14		196.69	.025		236.03		4.90
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PA	GE 6,700
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
MARIN COUNTY			PEAL/N	NLDC IN PA-DISABLE	ED AII	CODES 61	N 6P				-, -, -,
			_, _				M	ОМТІ	HLY AVERA	GE -	
0.41 =========	HOEDO		,	EXPEND THUDE O							

241 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS 4	85 \$	1,145.74	\$ 13.48	.353 \$	286.44	\$ 4.75
DURABLE MED. EQUIP. 0	0	.00	.00	.000	.00	.00
BLOOD BANK 0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS 0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION 3	81	637.83	7.87	.336	212.61	2.65
AMBULANCES/AIR TRANS 3	81	637.83	7.87	.336	212.61	2.65
OTHER TRANS 0	0	.00	.00	.000	.00	.00
OTHER SERVICES 0	0	.00	.00	.000	.00	.00
ACUPUNCTURE 0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR 0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING 0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST 0	0	.00	.00	.000	.00	.00
OPTICIAN 0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST 0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY 0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS 0	0	.00	.00	.000	.00	.00
PROSTHETICS 0	0	.00	.00	.000	.00	.00
ORTHOTICS 0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST 0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY 0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES 0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES 0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 1	4	507.91	126.98	.017	507.91	2.11
@CALIF. CHILDREN SERVICES* 0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP** 2	5 \$	542.91	\$ 108.58	.021 \$	271.46	\$ 2.25

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,701 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MARIN COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

SOUTHWILL OF SELV	VICES FOR	CIVALG C	ASES	AGED IN FA AGED		AID CODE	نله ن				
							Mo	TNC	HLY AVERA	.GE	
USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS	OF CARE			PER	. UNIT/DAY	PER ELIG		USER		ELIGIBLE
131	1	,736	\$	202,070.60	\$	116.40	8.948	\$	1542.52	\$	1041.60
17		29	\$	351.38	\$	12.12	.149	\$	20.67	\$	1.81
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
	USERS	USERS UNITS OF OR DAYS	USERS UNITS OF SERVICE OR DAYS OF CARE 131 1,736	USERS UNITS OF SERVICE OR DAYS OF CARE 131 1,736 \$	USERS UNITS OF SERVICE OR DAYS OF CARE 131 1,736 \$ 202,070.60 17 29 \$ 351.38 0 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE 131 1,736 \$ 202,070.60 \$ 17 29 \$ 351.38 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 131 1,736 \$ 202,070.60 \$ 116.40 17 29 \$ 351.38 \$ 12.12 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE 131	USERS UNITS OF SERVICE OR DAYS OF CARE 131	USERS UNITS OF SERVICE OR DAYS OF CARE 131	USERS

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	17	29		351.38		12.12	.149		20.67		1.81
@PHARMACY	86	299	\$	22,660.91	\$	75.79	1.541	\$	263.50	\$	116.81
PRESCRIPTION DRUGS	86	298		22,659.27		76.04	1.536		263.48		116.80
SNF/ICF	24	110		6,624.69		60.22	.567		276.03		34.15
OUTPATIENTS	64	188		16,034.58		85.29	.969		250.54		82.65
MEDICAL SUPPLIES	1	1		1.64		1.64	.005		1.64		.01
@DENTIST	11	21	\$	537.00	\$	25.57	.108	\$	48.82	\$	2.77
VISITS - DIAGNOSTIC	9	16		234.00		14.63	.082		26.00		1.21
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		118.00		118.00	.005		118.00		.61
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	4		185.00		46.25	.021		61.67		.95
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES M	ONTH-OF-PAYMENT R	EPOR1	FOR JAN	2004 THRU	DEC	2004	P	AGE 6,702
MOP024	FEE-FOR-SERVICE/DE										03/14/05
MARIN COUNTY	SUMMARY OF SERVICE	ES FOR CRAIG C	ASES-	- AGED IN PA-AGED)	AID CO					
							M			-	
194 ELIGIBLES	USERS UN	NITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	r units/day	S (COST PER		COST PER

194 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	RAGE COST	UNITS/DAY PER ELIG	-	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	, \$	42.85	\$ 14.28		\$	42.85	\$.22
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000		.00	.00
EYE APPLIANCES	1	3		42.85	14.28	.015		42.85	.22
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000		.00	.00
OTHER SERVICES	0	0		.00	.00	.000		.00	.00
@PODIATRIST	2	2	\$	19.59	\$ 9.80	.010	\$	9.80	\$.10
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00	.00
SURGERY/ANES.	0	0		.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00	.00
OTHER	2	2		19.59	9.80	.010		9.80	.10
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

	_	_							
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	•	•
@TOTAL HOSPITAL	8	31	\$	1,328.09	\$	42.84	.160	\$ 166.01	
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
	0	0							
TRANSITIONAL IP CARE	Ü	U		.00		.00	.000	.00	.00
ALL OTHER ACCOM	O	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8	31		1,328.09		42.84	.160	166.01	6.85
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	•							
RADIOLOGY	U	0		.00		.00	.000	.00	.00
ROOM USE	O	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	8	31		1,328.09		42.84	.160	166.01	6.85
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
	0	0							
TRANSITIONAL IP CARE	Ü	U		.00		.00	.000	.00	.00
ALL OTHER ACCOM	O	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
	0	0							
RADIOLOGY	Ü	U		.00		.00	.000	.00	.00
ROOM USE	U	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU D	EC 2004	PAGE 6,703
MOP024	FEE-FOR-SERVICE/DENTA	λL							03/14/05
MARIN COUNTY	SUMMARY OF SERVICES H	FOR CRAIG (CASES-	AGED IN PA-AGED		AID CODE	E 1E		
							MOI	NTHLY AVERA	GE
194 ELIGIBLES	USERS UNITS	OF SERVICE	₹.	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS		COST PER
171 221012220		DAYS OF CARE		2111 2113 11 01120			PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	31	\$	1,328.09	\$	42.84	.160		
-	0		Ş	•	Ą			•	•
COMM HOSP INPATIENT TOTAL	U	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
	0	0							
INPATIENT CROSSOVERS	0	-		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	U	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	31		1,328.09		42.84	.160	166.01	6.85
MEDICAL	0	0		.00		.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	8	31	1,328.09	42.84	.160	166.01	6.85
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	40	1,117	\$ - ,	\$ 135.80	5.758	\$ 3792.28	\$ 781.91
LEV A-INTERMEDIATE	1	81	7,252.74	89.54	.418	7252.74	37.39
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	39	1,036	144,438.57	139.42	5.340	3703.55	744.53
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	12	\$ 582.09	\$ 48.51	.062	\$ 58.21	\$ 3.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 10 12 582.09 48.51 .062 58.21 3.00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,704 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E MARIN COUNTY

1111(11) 0001(11)	001111111111111111111111111111111111111	020 1011 011110	011020	11025 111 111 11025	1112 0021	MOI	NTHLY AVERA	CF
194 ELIGIBLES	USERS	UNITS OF SERVIC	F	EXPENDITURES	AVERAGE COST		COST PER	COST PER
194 EDIGIDDES	OSERS	OR DAYS OF CAR		EXTENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	20	222	\$	24,857.38	\$ 111.97	1.144		\$ 128.13
DURABLE MED. EQUIP.	0	0	٧	.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2		153.39	76.70	.010	76.70	.79
MEDICAL TRANSPORTATION	2	24		315.16	13.13	.124	157.58	1.62
AMBULANCES/AIR TRANS	2	23		288.87	12.56	.119	144.44	1.49
OTHER TRANS	1	1		26.29	26.29	.005	26.29	.14
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	2	4		86.50	21.63	.021	43.25	.45
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	3	6		66.40	11.07	.031	22.13	.34
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1		.66	.66	.005	.66	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	8		1,272.88	159.11	.041	424.29	6.56
HOSPICE SERVICES	5	175		22,952.56	131.16	.902	4590.51	118.31
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2		9.83	4.92	.010	4.92	.05
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000		\$.00
@XOVER EXCLUDING STATE HOSP**	29	68	\$	4,894.76	\$ 71.98	.351	168.78	\$ 25.23
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	ATE INFORMATION	ITEM	ONLY;				
THE AMOUNTED AND ALDEADY THE	OTTIDDD TAT BUILD ADI	DODDIAME DEMATE	T TAIT	0 7 0 0 7 7 0				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,705 MOP024 03/14/05 FEE-FOR-SERVICE/DENTAL MARIN COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

						MO	NTHLY AVERA	GE	
45 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	32	1,347	\$ 51,545.49	\$	38.27	29.933	\$ 1610.80	\$	1145.46
@PHYSICIANS SERVICES	4	14	\$ 92.19	\$	6.59	.311	\$ 23.05	\$	2.05
OUTPATIENT VISITS	0	0	.00		.00	.000	.00		.00
OFFICE VISITS	0	0	.00		.00	.000	.00		.00
HOME VISITS	0	0	.00		.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00		.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000	.00		.00
INPATIENT VISITS	0	0	.00		.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ASSISTANT SURGEON	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	14	92.19	6.59	.311	23.05	2.05
@PHARMACY	21	401 \$	4,602.14	\$ 11.48	8.911 \$	219.15	
PRESCRIPTION DRUGS	21	80	4,255.70	53.20	1.778	202.65	94.57
	7	45	2,038.85		1.000	291.26	
SNF/ICF	•		•	45.31			45.31
OUTPATIENTS	16	35	2,216.85	63.34	.778	138.55	49.26
MEDICAL SUPPLIES	3	321	346.44	1.08	7.133	115.48	7.70
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	•	ŭ	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	ONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DEC	2004	PAGE 6,706
MOP024	FEE-FOR-SERVICE/				- ^-		03/14/05
MARIN COUNTY	SUMMARY OF SERVI	CES FOR CRAIG CASES-	- BLIND IN PA-BLI	ND AID COD			
					MONTE		
45 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS (COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	4 \$	1.64	\$.41	.089 \$		\$.04
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
CONCERT, 1111110 •	· ·	Ŭ	.00	• • • •	• 000	• • • •	• • • •

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	2	4		1.64		.41	.089		.82		.04
@HOME HEALTH AGENCY	2	571	\$	16,825.15	\$	29.47	12.689	\$	8412.58	\$	373.89
NURSE ANESTHESIST	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2.	2	S	885.94	Ś	442.97	.044	\$	442.97	\$	19.69
HOSP INPATIENT TOTAL	1	0	•	840.00		.00	.000		840.00	'	18.67
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0									
INPATIENT CROSSOVERS	1	0		840.00		.00	.000		840.00		18.67
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	2		45.94		22.97	.044		45.94		1.02
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	2		45.94		22.97	.044		45.94		1.02
@COUNTY HOSPITAL TOTAL	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0									
	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	ŭ	· · · · · · · · · · · · · · · · · · ·	0 1/01		1000	.00	.000	D = 0	.00	Б.	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	S MON	TH-OF-PAYMENT RE	SPOF	RT FOR JAN 2	2004 THRU .	DEC	2004	PA	AGE 6,707
MOP024	FEE-FOR-SERVICE	•	~=~								03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CAS	SES-	BLIND IN PA-BLIN	۱D	AID CODE				~ =	
							Mo				
45 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		/ERAGE COST					COST PER
		OR DAYS OF CARE				ER UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	2 \$	Ş	885.94	\$.044	Ş		Ş	19.69
COMM HOSP INPATIENT TOTAL	1	0		840.00		.00	.000		840.00		18.67
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		840.00		.00	.000		840.00		18.67
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	0	0				22.97			45.94		1.02
COMM HOSP OUTPATIENT TOTAL MEDICAL	1	2		45.94			.044				
	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	U	0		.00		.00	.000		.00		.00
ROOM USE	U	-		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	2		45.94		22.97	.044		45.94		1.02
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş		\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	10	169	\$	26,076.18	\$	154.30	3.756	\$		\$	579.47
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	10	169		26,076.18		154.30	3.756		2607.62		579.47
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	2	\$	42.38	\$	21.19	.044	\$	42.38	\$.94
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	2		42.38		21.19	.044		42.38		.94
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	29.52	\$	29.52	.022	\$	29.52	\$.66
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		29.52		29.52	.022		29.52		.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES MC	NTH-OF-PAYMENT R	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 6,708
MOP024	FEE-FOR-SERVICE,	/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR CRAIG	CASES-	- BLIND IN PA-BLI	ND	AID COD	E 2E				
							M	ONT:	HLY AVERA	GE ·	
45 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CAR	RE		PEF	R UNIT/DAY	PER ELIG	;	USER]	ELIGIBLE
@ALL OTHER PROVIDERS	8	183	\$	2,990.35	\$	16.34	4.067		373.79	\$	66.45
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		25.00		25.00	.022		25.00		.56
MEDICAL TRANSPORTATION	2	21		385.38		18.35	.467		192.69		8.56
AMBULANCES/AIR TRANS	2	21		385.38		18.35	.467		192.69		8.56
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	.42	.21	.044	.42	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	3	397.11	132.37	.067	397.11	8.82
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	156	2,182.44	13.99	3.467	727.48	48.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	5	8	\$ 414.98	\$ 51.87	.178	\$ 83.00	\$ 9.22
@XOVER EXCLUDING STATE HOSP**	11	22	\$ 4,310.64	\$ 195.94	.489	\$ 391.88	\$ 95.79

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,709
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

							M	INO	THLY AVERA	.GE	
831 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	Ξ.		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	490	6 , 326	\$	420,193.00	\$	66.42	7.613	\$	857.54	\$	505.65
@PHYSICIANS SERVICES	101	275	\$	10,600.53	\$	38.55	.331	\$	104.96	\$	12.76
OUTPATIENT VISITS	49	82		3,088.23		37.66	.099		63.03		3.72
OFFICE VISITS	25	44		1,216.85		27.66	.053		48.67		1.46

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	23	30	1,535.50	51.18	.036	66.76	1.85
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	7	8	335.88	41.99	.010	47.98	.40
INPATIENT VISITS	7	22	975.61	44.35	.026	139.37	1.17
HOSPITAL VISITS	3	16	792.48	49.53	.019	264.16	.95
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	6	183.13	30.52	.007	45.78	.22
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
	0	0					.00
SERVICES AND MATERIALS	0	15	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	4		889.20	59.28	.018	222.30	1.07
PRINCIPAL SURGEON	1	1	454.58	454.58	.001	454.58	.55
ASSISTANT SURGEON	1	1	121.61	121.61	.001	121.61	.15
ANESTHESIOLOGIST	2	13	313.01	24.08	.016	156.51	.38
OUTPATIENT SURGERY	7	23	639.56	27.81	.028	91.37	.77
PRINCIPAL SURGEON	6	6	253.79	42.30	.007	42.30	.31
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	17	385.77	22.69	.020	385.77	.46
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	20	204.46	10.22	.024	29.21	.25
RADIOLOGY	26	45	2,913.47	64.74	.054	112.06	3.51
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	43.83	43.83	.001	43.83	.05
OTHER SERVICES/ALL X-OVERS	37	67	1,846.17	27.55	.081	49.90	2.22
@PHARMACY	322	1,307 \$	151,882.39	\$ 116.21	1.573 \$		
PRESCRIPTION DRUGS	317	1,253	150,757.96	120.32	1.508	475.58	181.42
	61	1,233 475			.572		
SNF/ICF			52,569.71	110.67		861.80	63.26
OUTPATIENTS	258	778	98,188.25	126.21	.936	380.57	118.16
MEDICAL SUPPLIES	12	54	1,124.43	20.82	.065	93.70	1.35
@DENTIST	40	127 \$	4,901.00	\$ 38.59	.153 \$		•
VISITS - DIAGNOSTIC	32	83	1,487.00	17.92	.100	46.47	1.79
ORAL SURGERY	5	21	1,014.00	48.29	.025	202.80	1.22
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	3	280.00	93.33	.004	93.33	.34
ENDODONTICS	1	1	330.00	330.00	.001	330.00	.40
RESTORATIVE DENTISTRY	9	17	1,740.00	102.35	.020	193.33	2.09
PROSTHETICS	1	1	50.00	50.00	.001	50.00	.06
DENTURES, STAYPLATES	1	1	.00	.00	.001	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV							
			MONIII OF FAIMENT N	EFORT FOR UAN	2004 IIIKO DE	10 2004	
	FEE-FOR-SERVICE				ODE (E		03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CASE	S- DISABLED IN PA-	DISABLED AID C			· -
001 51 50 50 50						THLY AVERAG	
831 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			
0		OR DAYS OF CARE		PER UNIT/DAY		USER	
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		•
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 49.89	\$ 16.63	.004	\$ 16.63	\$.06
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	49.89	16.63	.004	16.63	.06
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.002	\$ 104.99	\$.13
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	88	605	\$ 34,115.60	\$ 56.39	.728		\$ 41.05
HOSP INPATIENT TOTAL	8	12	22,028.00	1835.67	.014	2753.50	26.51
HSC HOSPITALS	4	12	18,560.00	1546.67	.014	4640.00	22.33
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	0	3,468.00	.00	.000	867.00	4.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	85	593	12,087.60	20.38	.714	142.21	14.55
MEDICAL	19	40	1,700.92	42.52	.048	89.52	2.05
SURGERY	7	8	999.13	124.89	.010	142.73	1.20
PATHOLOGY	31	199	2,502.37	12.57	.239	80.72	3.01
RADIOLOGY	23	26	2,187.38	84.13	.031	95.10	2.63
ROOM USE	34	43	1,489.71	34.64	.052	43.82	1.79
CROSSOVERS/ALL OTH OUTPTNT		277	3,208.09	11.58	.333	65.47	3.86
@COUNTY HOSPITAL TOTAL	11		\$ 3,308.51		.061		
CO HOSPITAL INPATIENT TOTAL		2	2,260.00	1130.00	.002	2260.00	2.72
HSC HOSPITALS	1	2	2,260.00	1130.00	.002	2260.00	2.72
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	•	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	49	1,048.51	21.40	.059	95.32	1.26
MEDICAL	0	5 0	193.35	38.67	.006	38.67	.23
SURGERY	3		.00 66.78	.00 13.36	.000	.00 22.26	.00
PATHOLOGY RADIOLOGY	2	5	53.47	26.74	.006	26.74	.06
	2	-					
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	6 7	6 31	217.86 517.05			36.31 73.86	.26 .62
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT F				
MOP024	FEE-FOR-SERVIC		5 MONIH-OF-FAIMENI F	CEFORI FOR JAN	2004 INKO D.	EC 2004	03/14/05
MARIN COUNTY			SES- DISABLED IN PA-	-DISABLED AID C	ODF 6F		03/14/03
LUMITIN COOMIT	COLUMNY OF SEV	VIOLD FOR CHAIG CA	OLO DIOADID IN FA-	PINDUDED WID C		NTHIY AVERA	GE
831 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
11- 11-011-10	00210	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	79	554	\$ 30,807.09	\$ 55.61	.667		

COMM HOSP INPATIENT TOTAL	7	10		19,768.00		1976.80	.012		2824.00		23.79
HSC HOSPITALS	3	10		16,300.00		1630.00	.012		5433.33		19.61
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ö		.00		.00	.000		.00		.00
	0	0									
ALL OTHER ACCOM	7			.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4	0		3,468.00		.00	.000		867.00		4.17
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	76	544		11,039.09		20.29	.655		145.25		13.28
MEDICAL	14	35		1,507.57		43.07	.042		107.68		1.81
SURGERY	7	8		999.13		124.89	.010		142.73		1.20
PATHOLOGY	28	194		2,435.59		12.55	.233		86.99		2.93
RADIOLOGY	21	24		2,133.91		88.91	.029		101.61		2.57
ROOM USE	30	37		1,271.85		34.37	.045		42.40		1.53
CROSSOVERS/ALL OTH OUTPINT	44	246		2,691.04		10.94	.296		61.16		3.24
	0	0	\$	•	\$.00		\$.00	\$.00
@STATE HOSPITAL			Ą	.00	Ş		.000	Ş		Ą	
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	37	799	\$	121,090.52	\$	151.55	.961	\$		\$	145.72
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	4	130		17,032.98		131.02	.156		4258.25		20.50
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	33	669		104,057.54		155.54	.805		3153.26		125.22
@INTERMEDIATE CARE FACILDD	11	408	\$	71,237.00	\$	174.60	.491	\$		Ś	85.72
ICF DDH	11	408	٧	71,237.00	۲	174.60	.491	Y	6476.09	Y	85.72
	0			•							
ICF DD	7	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	7	\$	3,285.12	\$	469.30	.008	\$	547.52	Ş	3.95
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	7		3,285.12		469.30	.008		547.52		3.95
@REHABILITATION FACILITY	2	8	\$	334.67	\$	41.83	.010	\$	167.34	\$.40
HOSPITAL BASED	2	8		334.67		41.83	.010		167.34		.40
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	21	100	\$	911.58	\$	9.12	.120	\$	43.41	Ś	1.10
PATHOLOGY	20	96		876.28	'	9.13	.116	•	43.81		1.05
XO AND OTHERS	1	4		35.30		8.83	.005		35.30		.04
@ORGANIZED OUTPATIENT CLINIC	$\overset{\perp}{44}$	82	\$	5,467.04	\$	66.67	.099	\$	124.25	\$	6.58
	12	45	۲	•	Ų			۲		ې	
CLINIC				1,264.88		28.11	.054		105.41		1.52
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	32	37		4,202.16		113.57	.045		131.32		5.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPORT	' FOR JAN 2	2004 THRU	DEC	2004	Ρ	AGE 6,712
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERV	ICES FOR CRAIG	CASES	- DISABLED IN PA-	DISAE	SLED AID CO	DE 6E				
							M	TNC	HLY AVERA	GΕ	
831 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	60	2,603		16,212.67		- '	3.132				19.51
DURABLE MED. EQUIP.	7	32	7	2,567.14	7	80.22	.039	Υ	366.73	Y	3.09
-	0	0		2,367.14		.00			.00		
BLOOD BANK	•						.000				.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	12	63		1,309.56		20.79	.076		109.13		1.58

AMBULANCES/AIR TRANS	12	63	1,309.56	20.7	9 .076	109.13	1.5	58
OTHER TRANS	0	0	.00	.0	0 .000	.00	. 0	00
OTHER SERVICES	0	0	.00	.0	0 .000	.00	. (00
ACUPUNCTURE	3	4	75.69	18.9	2 .005	25.23	.0	09
ADULT DAY HEALTH CARE CTR	0	0	.00	.0	0 .000	.00	. (00
GENETIC DISEASE TESTING	1	1	105.00	105.0	0 .001	105.00	.1	13
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.0	0 .000	.00	.0	00
OCCUPATIONAL THERAPIST	0	0	.00	.0	0 .000	.00	. 0	00
OPTICIAN	5	12	136.98	11.4	2 .014	27.40	.1	16
PHYSICAL THERAPIST	0	0	.00	.0	0 .000	.00	. 0	00
PORTABLE X-RAY	1	2	59.36	29.6	8 .002	59.36	.0	07
PROSTHETIST/ORTHOTISTS	3	31	5 , 897.93	190.2	6 .037	1965.98	7.1	Ι0
PROSTHETICS	3	31	5,897.93	190.2	6 .037	1965.98	7.1	10
ORTHOTICS	0	0	.00	.0	0 .000	.00	. 0	00
PSYCHOLOGIST	0	0	.00	.0	0 .000	.00	.0	00
SPEECH AND AUDIOLOGY	8	33	1,254.49	38.0	1 .040	156.81	1.5	51
HOSPICE SERVICES	0	0	.00	.0	0 .000	.00	.0	00
NONINST BIRTHING CENTERS	0	0	.00	.0	0 .000	.00	.0	00
LOCAL EDUCATION AGENCIES	14	303	3,867.95	12.7	7 .365	276.28	4.6	55
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.0	0 .000	.00	.0	00
RESPIRATORY CARE PRACT.	0	0	.00	.0	0 .000	.00	.0	00
PED SUBACUTE REHAB/WEANING	0	0	.00	.0	0 .000	.00	.0	00
ALL OTHER PROVIDERS	9	2,122	938.57	. 4	4 2.554	104.29	1.1	13
@CALIF. CHILDREN SERVICES*	13	105	\$ 6 , 735.79					
@XOVER EXCLUDING STATE HOSP**	65	1,807	\$ 23,061.81	\$ 12.7	6 2.174	\$ 354.80	\$ 27.7	15

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,713
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

	MONTHLY A							.GE	
1,070 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	653	9,409	\$	673 , 809.09	\$ 71.61	8.793	\$ 1031.87	\$	629.73
@PHYSICIANS SERVICES	122	318	\$	11,044.10	\$ 34.73	.297	\$ 90.53	\$	10.32
OUTPATIENT VISITS	49	82		3,088.23	37.66	.077	63.03		2.89
OFFICE VISITS	25	4 4		1,216.85	27.66	.041	48.67		1.14
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	23	30		1,535.50	51.18	.028	66.76		1.44
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	7	8		335.88	41.99	.007	47.98		.31
INPATIENT VISITS	7	22		975.61	44.35	.021	139.37		.91
HOSPITAL VISITS	3	16		792.48	49.53	.015	264.16		.74
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	4	6		183.13	30.52	.006	45.78		.17
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	4	15		889.20	59.28	.014	222.30		.83
PRINCIPAL SURGEON	1	1		454.58	454.58	.001	454.58		.42
ASSISTANT SURGEON	1	1		121.61	121.61	.001	121.61		.11
ANESTHESIOLOGIST	2	13		313.01	24.08	.012	156.51		.29
OUTPATIENT SURGERY	7	23		639.56	27.81	.021	91.37		.60
PRINCIPAL SURGEON	6	6		253.79	42.30	.006	42.30		.24

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	17		385.77		22.69	.016		385.77		.36
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	20		204.46		10.22	.019		29.21		.19
RADIOLOGY	26	45		2,913.47		64.74	.042		112.06		2.72
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		43.83		43.83	.001		43.83		.04
OTHER SERVICES/ALL X-OVERS	58	110		2,289.74		20.82	.103		39.48		2.14
@PHARMACY	429	2,007	\$	179,145.44	\$	89.26	1.876	\$	417.59	\$	167.43
PRESCRIPTION DRUGS	424	1,631		177,672.93	1	08.93	1.524		419.04		166.05
SNF/ICF	92	630		61,233.25		97.20	.589		665.58		57.23
OUTPATIENTS	338	1,001		116,439.68	1	16.32	.936		344.50		108.82
MEDICAL SUPPLIES	16	376		1,472.51		3.92	.351		92.03		1.38
@DENTIST	51	148	\$	5,438.00	\$	36.74	.138	\$	106.63	\$	5.08
VISITS - DIAGNOSTIC	41	99		1,721.00		17.38	.093		41.98		1.61
ORAL SURGERY	5	21		1,014.00		48.29	.020		202.80		.95
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	4	4		398.00		99.50	.004		99.50		.37
ENDODONTICS	1	1		330.00	3	30.00	.001		330.00		.31
RESTORATIVE DENTISTRY	9	17		1,740.00	1	02.35	.016		193.33		1.63
PROSTHETICS	1	1		50.00		50.00	.001		50.00		.05
DENTURES, STAYPLATES	4	5		185.00		37.00	.005		46.25		.17
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES MC	NTH-OF-PAYMENT RE	EPORT I	OR JAN	1 2004 THRU	DEC	2004	PP	AGE 6,714
MOP024	FEE-FOR-SERVICE/DENTAL	ı									03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FO	R CRAIG	CASES-	TOTAL IN PA-TOTA	AL						
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----- MONTHLY AVERAGE -----

1,070 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER		ST PER IGIBLE
@OPTOMETRIST	1	3 \$	42.85	\$ 14.28	.003 \$	42.85	\$.04
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	1	3	42.85	14.28	.003	42.85		.04
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	7	9 \$	71.12	\$ 7.90	.008 \$		\$.07
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	7	9	71.12	7.90	.008	10.16		.07
@HOME HEALTH AGENCY	3	573 \$	16,930.14	\$ 29.55	.536 \$	5643.38	\$	15.82
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	98	638 \$	36,329.63	\$ 56.94	.596 \$	370.71		33.95
HOSP INPATIENT TOTAL	9	12	22,868.00	1905.67	.011	2540.89	٧	21.37
HSC HOSPITALS	4	12	18,560.00	1546.67	.011	4640.00		17.35
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	5	0	4,308.00	.00	.000	861.60		4.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	94	626	13,461.63	21.50	.585	143.21		12.58
MEDICAL	19	40	1,700.92	42.52	.037	89.52		1.59
SURGERY	7	8	999.13	124.89	.007	142.73		.93
PATHOLOGY	31	199	2,502.37	12.57	.186	80.72		2.34
RADIOLOGY	23	26	2,187.38	84.13	.024	95.10		2.04
ROOM USE	34	43	1,489.71	34.64	.040	43.82		1.39
CROSSOVERS/ALL OTH OUTPTNT	58	310	4,582.12	14.78	.290	79.00		4.28
@COUNTY HOSPITAL TOTAL	11	51 \$	3,308.51	\$ 64.87	.048 \$		Ċ	3.09
CO HOSPITAL INPATIENT TOTAL	1	2	2,260.00	1130.00	.002	2260.00	Ş	2.11
HSC HOSPITALS	1	2	2,260.00	1130.00	.002	2260.00		2.11
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.002	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	11	49	1,048.51	21.40	.046	95.32		.98
MEDICAL	5	5	193.35	38.67	.005	38.67		.18
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	3	5	66.78	13.36	.005	22.26		.06
RADIOLOGY	ა ე	2	53.47	26.74	.003	26.74		.05
ROOM USE	2	6	217.86	36.31	.002	36.31		.03
CROSSOVERS/ALL OTH OUTPTNT	7	31	517.05	16.68	.029	73.86		.48
	, DI-CAI, GEDWIC	SI ES AND EXPENDITURES MOI					PAG	
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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MARIN COUNTY

MARIN COUNTY	SUMMARY OF SERVICES	FOR CRAIG CASES	- TOTAL IN PA-TOTA	ΛL					
					M				
1,070 ELIGIBLES		TS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER		COST PER
		DAYS OF CARE		PER UNIT/DAY	_		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	89	587 \$	33,021.12	\$ 56.25	.549	\$	371.02	\$	30.86
COMM HOSP INPATIENT TOTAL	8	10	20,608.00	2060.80	.009		2576.00		19.26
HSC HOSPITALS	3	10	16,300.00	1630.00	.009		5433.33		15.23
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00		.00
ANCILLARIES	0	0	.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	5	0	4,308.00	.00	.000		861.60		4.03
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	85	577	12,413.12	21.51	.539		146.04		11.60
MEDICAL MEDICAL	14	35	1,507.57	43.07	.033		107.68		1.41
SURGERY	7	8	999.13	124.89	.007		142.73		.93
	28								
PATHOLOGY		194	2,435.59	12.55	.181		86.99		2.28
RADIOLOGY	21	24	2,133.91	88.91	.022		101.61		1.99
ROOM USE	30	37	1,271.85	34.37	.035		42.40		1.19
CROSSOVERS/ALL OTH OUTPTNT		279	4,065.07	14.57	.261		76.70		3.80
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00		.00
@NURSING FACILITY	87	2 , 085 \$	298,858.01	\$ 143.34	1.949	\$	3435.15	\$	279.31
LEV A-INTERMEDIATE	1	81	7,252.74	89.54	.076		7252.74		6.78
LEV B-REHAB MD	4	130	17,032.98	131.02	.121		4258.25		15.92
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00		.00
LEV B-REGULAR	82	1,874	274,572.29	146.52	1.751		3348.44		256.61
@INTERMEDIATE CARE FACILDD	11	408 \$	71,237.00	\$ 174.60	.381	\$	6476.09	\$	66.58
ICF DDH	11	408	71,237.00	174.60	.381		6476.09	·	66.58
ICF DD	0	0	.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	7 \$	3,285.12	\$ 469.30	.007	\$	547.52	Ġ	3.07
HOSPITAL BASED	0	0	.00	.00	.000	٧	.00	Y	.00
HEMODIALYSIS CENTER	6	7	3,285.12	469.30	.007		547.52		3.07
@REHABILITATION FACILITY	3	10 \$	377.05	\$ 37.71	.009	\$		\$.35
HOSPITAL BASED	2	8	334.67	41.83	.009	۲	167.34	۲	
	1	2							.31
INDEPENDENT FACILITY			42.38	21.19	.002	<u> </u>	42.38	<u>^</u>	.04
@LABORATORY FACILITY	21	100 \$	911.58	\$ 9.12	.093	\$	43.41	Ş	.85
PATHOLOGY	20	96	876.28	9.13	.090		43.81		.82
XO AND OTHERS	_ 1	4	35.30	8.83	.004		35.30		.03
@ORGANIZED OUTPATIENT CLINIC	55	95 \$	6 , 078.65	\$ 63.99	.089	\$	110.52	Ş	5.68
CLINIC	12	45	1,264.88	28.11	.042		105.41		1.18
SURGICENTER	0	0	.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	43	50	4,813.77	96.28	.047		111.95		4.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU	DEC	2004	F	AGE 6,716
MOP024	FEE-FOR-SERVICE/DEN	TAL							03/14/05
MARIN COUNTY	SUMMARY OF SERVICES	FOR CRAIG CASES	- TOTAL IN PA-TOTA	ΔL					
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----- MONTHLY AVERAGE -----1,070 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	88	3,008	\$	44,060.40	\$ 14.65	2.811	\$ 500.69	\$ 41.18
DURABLE MED. EQUIP.	7	32		2,567.14	80.22	.030	366.73	2.40
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3		178.39	59.46	.003	59.46	.17
MEDICAL TRANSPORTATION	16	108		2,010.10	18.61	.101	125.63	1.88
AMBULANCES/AIR TRANS	16	107		1,983.81	18.54	.100	123.99	1.85
OTHER TRANS	1	1		26.29	26.29	.001	26.29	.02
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	5	8		162.19	20.27	.007	32.44	.15
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.001	105.00	.10
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	8	18		203.38	11.30	.017	25.42	.19
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	3	5		60.44	12.09	.005	20.15	.06
PROSTHETIST/ORTHOTISTS	3	31		5 , 897.93	190.26	.029	1965.98	5.51
PROSTHETICS	3	31		5 , 897.93	190.26	.029	1965.98	5.51
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	41		2,527.37	61.64	.038	229.76	2.36
HOSPICE SERVICES	6	178		23,349.67	131.18	.166	3891.61	21.82
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	17	459		6,050.39	13.18	.429	355.91	5.65
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	2,124		948.40	.45	1.985	86.22	.89
@CALIF. CHILDREN SERVICES*	18	113	\$	7,150.77	\$ 63.28	.106	\$ 397.27	\$ 6.68
@XOVER EXCLUDING STATE HOSP**	105	1,897	\$	32,267.21	\$ 17.01	1.773	\$ 307.31	\$ 30.16

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,717 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MARIN COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

1111(11) 0001(11	5011111111 01 521		02112	122		MO	NTHLY AVERA	CF
183,693 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	101,225	1,805,720	\$	72,036,690.27	\$ 39.89	9.830	\$ 711.65	\$ 392.16
@PHYSICIANS SERVICES	26,253	71,025	\$	3,294,623.15	\$ 46.39	.387	\$ 125.50	\$ 17.94
OUTPATIENT VISITS	13,344	17,604		760,392.64	43.19	.096	56.98	4.14
OFFICE VISITS	6 , 772	8,877		287,670.10	32.41	.048	42.48	1.57
HOME VISITS	65	72		2,691.30	37.38	.000	41.40	.01
EMERGENCY ROOM	6 , 557	7 , 675		418,868.25	54.58	.042	63.88	2.28
PREVENTIVE CARE	21	22		902.65	41.03	.000	42.98	.00
OB VISITS/COMPRE PERI	316	549		38,145.97	69.48	.003	120.72	.21
OTHER OUTPATIENT	342	409		12,114.37	29.62	.002	35.42	.07
INPATIENT VISITS	1,679	6 , 182		325,884.85	52.72	.034	194.09	1.77
HOSPITAL VISITS	1,383	5 , 107		228,414.81	44.73	.028	165.16	1.24
CRITICAL CARE	166	660		83,983.12	127.25	.004	505.92	.46
SNF/ICF/TRANS IP CARE	265	415		13,486.92	32.50	.002	50.89	.07
OPHTHALMOLOGICAL SERVICES	588	715		29 , 729.93	41.58	.004	50.56	.16
EXAMINATIONS	588	715		29,729.93	41.58	.004	50.56	.16
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	963	6,682		402,766.33		60.28	.036		418.24		2.19
PRINCIPAL SURGEON	533	760		267,592.84		352.10	.004		502.05		1.46
ASSISTANT SURGEON	77	78		14,274.96		183.01	.000		185.39		.08
ANESTHESIOLOGIST	463	5,844		120,898.53		20.69	.032		261.12		.66
OUTPATIENT SURGERY	2,760	5,921		614,127.66		103.72	.032		222.51		3.34
PRINCIPAL SURGEON	2,403	3,260		545,440.77		167.31	.018		226.98		2.97
ASSISTANT SURGEON	16	16		2,472.11		154.51	.000		154.51		.01
ANESTHESIOLOGIST	452	2,645		66,214.78		25.03	.014		146.49		.36
DIALYSIS	89	218		31,015.98		142.28	.001		348.49		.17
PATHOLOGY	1,374	3,675		27,963.76		7.61	.020		20.35		.15
RADIOLOGY	6,014	9,779		368,381.69		37.67	.053		61.25		2.01
PSYCHIATRY	3	3		110.26		36.75	.000		36.75		.00
IMMUNIZATION AND INJECTION	232	1,010		67 , 727.99		67.06	.005		291.93		.37
OTHER SERVICES/ALL X-OVERS	8,103	19,236		666,522.06		34.65	.105		82.26		3.63
@PHARMACY	59,325	795,809	\$	25,319,967.85	\$	31.82	4.332	\$	426.80	\$	137.84
PRESCRIPTION DRUGS	58,361	216,868		21,839,713.90		100.71	1.181		374.22		118.89
SNF/ICF	5,140	34,718		3,274,277.31		94.31	.189		637.02		17.82
OUTPATIENTS		182,150		18,565,436.59		101.92	.992		345.41		101.07
MEDICAL SUPPLIES	4,116	578,941		3,480,253.95		6.01	3.152		845.54		18.95
@DENTIST	8,714	30,027	\$	971,809.53	\$	32.36	.163	\$	111.52	\$	5.29
VISITS - DIAGNOSTIC	6,421	20,462		326,429.15		15.95	.111		50.84		1.78
ORAL SURGERY	932	2,084		105,610.89		50.68	.011		113.32		.57
DRUGS	132	155		3,175.00		20.48	.001		24.05		.02
ANESTHESIA	21	22		2,075.00		94.32	.000		98.81		.01
PERIODONTICS	339	375		39 , 894.27		106.38	.002		117.68		.22
ENDODONTICS	415	564		86 , 259.63		152.94			207.85		.47
RESTORATIVE DENTISTRY	2,375	5 , 055		263,944.26		52.21	.028		111.13		1.44
PROSTHETICS	64	66		1,852.50		28.07	.000		28.95		.01
DENTURES, STAYPLATES	401	964		131,695.08		136.61	.005		328.42		.72
SPACE MAINTAINERS	32	41		3,440.00		83.90	.000		107.50		.02
MAXILLOFACIAL SERVICES	15	17		637.50		37.50	.000		42.50		.00
FRACTURES, DISLOCATIONS	1	1		700.00		700.00	.000		700.00		.00
ORTHODONTIC SERVICES	65	71		5,425.00		76.41	.000		83.46		.03
ALL OTHER SERVICES	162	150		671.25		4.48	.001		4.14		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES M	MONTH-OF-PAYMENT RE	EPOR	r for jan	2004 THRU	DEC	2004	P7	AGE 6,718
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FO	OR TOTAL	CERTI	IFIED							
							M	ONT	HLY AVERA	GE ·	

183,693 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	951	2,393	\$	58,941.59	\$	24.63	.013	\$	61.98	\$.32
DIAGNOSTIC AND ANC. PROCED	616	669		27,661.77		41.35	.004		44.91	.15
EYE APPLIANCES	555	1,678		29,057.63		17.32	.009		52.36	.16
OTHER OPTOMETRIC SERVICES	50	46		2,222.19		48.31	.000		44.44	.01
@CHIROPRACTOR	20	49	\$	735.08	\$	15.00	.000	\$	36.75	\$.00
VISITS	14	41		631.18		15.39	.000		45.08	.00
OTHER SERVICES	6	8		103.90		12.99	.000		17.32	.00
@PODIATRIST	872	1,149	\$	15,756.99	\$	13.71	.006	\$	18.07	\$.09
MEDICINE/INJECTIONS	280	316		8,996.49		28.47	.002		32.13	.05
SURGERY/ANES.	16	21		794.51		37.83	.000		49.66	.00
RADIO./PATHOLOGY	6	9		162.62		18.07	.000		27.10	.00
OTHER	585	803		5,803.37		7.23	.004		9.92	.03
@HOME HEALTH AGENCY	895	8,363	\$	263,081.33	\$	31.46	.046	\$	293.95	\$ 1.43
NURSE ANESTHESIST	1	3	\$	80.00	\$	26.67	.000	\$	80.00	\$.00
NURSE MIDWIFE	26	236	\$	6,650.54	\$	28.18	.001	\$	255.79	\$.04
PEDIATRIC NURSE PRACTITIONER	2	2	\$	80.00	\$	40.00	.000	\$	40.00	\$.00

FAMILY NURSE PRACTITIONER	22	56	\$	\$ 11.92	.000	\$ 30.35	\$.00
@TOTAL HOSPITAL	17,010	74,325	\$ 14,347,575.76	\$ 193.04	.405	\$ 843.48	\$ 78.11
HOSP INPATIENT TOTAL	2,153	7,422	11,964,839.08	1612.08	.040	5557.29	65.13
HSC HOSPITALS	1,680	6 , 653	10,662,650.26	1602.68	.036	6346.82	58.05
NON-HSC HOSPITAL TOTAL	198	769	961,497.72	1250.32	.004	4856.05	5.23
ACCOMMODATIONS	195	769	348,094.13	452.66	.004	1785.10	1.89
ADMINISTRATIVE DAYS	15	34	7,285.40	214.28	.000	485.69	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	182	735	340,808.73	463.69	.004	1872.58	1.86
ANCILLARIES	195	0	613,403.59	.00	.000	3145.66	3.34
INPATIENT CROSSOVERS	326	0	340,691.10	.00	.000	1045.06	1.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15 , 766	66,903	2,382,736.68	35.61	.364	151.13	12.97
MEDICAL	3,224	5,165	237,895.28	46.06	.028	73.79	1.30
SURGERY	1,278	2,019	73,072.05	36.19	.011	57.18	.40
PATHOLOGY	4,355	19,019	224,123.18	11.78	.104	51.46	1.22
RADIOLOGY	4,544	7,161	624,850.11	87.26	.039	137.51	3.40
ROOM USE	8,073	10,177	400,541.54	39.36	.055	49.61	2.18
CROSSOVERS/ALL OTH OUTPINT	7,205	23,362	822,254.52	35.20	.127	114.12	4.48
@COUNTY HOSPITAL TOTAL	222	1,212	\$ 189,293.39	\$ 156.18	.007	\$ 852.67	\$ 1.03
CO HOSPITAL INPATIENT TOTAL	26	145	159,398.26	1099.30	.001	6130.70	.87
HSC HOSPITALS	24	134	150,401.55	1122.40	.001	6266.73	.82
NON-HSC HOSPITALS TOTAL	4	11	8,996.71	817.88	.000	2249.18	.05
ACCOMMODATIONS	4	11	3,312.90	301.17	.000	828.23	.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	11	3,312.90	301.17	.000	828.23	.02
ANCILLARIES	3	0	5,683.81	.00	.000	1894.60	.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	206	1,067	29,895.13	28.02	.006	145.12	.16
MEDICAL	69	92	3,314.61	36.03	.001	48.04	.02

SURGERY	41	62	2,076.60	33.49	.000	50.65	.01
PATHOLOGY	78	411	6,731.59	16.38	.002	86.30	.04
RADIOLOGY	37	69	3,642.63	52.79	.000	98.45	.02
ROOM USE	126	211	10,388.97	49.24	.001	82.45	.06
CROSSOVERS/ALL OTH OUTPTNT	82	222	3,740.73	16.85	.001	45.62	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	4 THRU DE	C 2004	PAGE 6,719
MOP024	FEE-FOR-SERVICE/DENTA	AL .					03/14/05
MARIN COUNTY	SUMMARY OF SERVICES E	OR TOTAL CERT	TIFIED				

MARIN COUNTY	SUMMARY OF SER	VICES FOR TOTAL CE	RTT	FTED					03/14/03
1111(11) 0001(11	0011111111 01 0111			- 1 - 2		MO1	THLY AVERA	GE	
183,693 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16,830	73,113	\$		\$ 193.65		841.25	\$	
COMM HOSP INPATIENT TOTAL	2,131	7,277		11,805,440.82	1622.30	.040	5539.86		64.27
HSC HOSPITALS	1,659	6,519		10,512,248.71	1612.56	.035	6336.50		57.23
NON-HSC HOSPITALS TOTAL	194	758		952,501.01	1256.60	.004			5.19
ACCOMMODATIONS	191 15	758 758 34		344,781.23	1612.56 1256.60 454.86 214.28	.004	1805.14		
ADMINISTRATIVE DAYS	15	34		7,285.40	214.28	.000	485.69		.04
TRANSITIONAL IP CARE	0 178 192 326	U		.00	.00 466.15	.000	.00		.00
ALL OTHER ACCOM	178	724		337,495.83	466.15	.004	1896.04		1.84
ANCILLARIES	192	0		607,719.78 340,691.10	.00	.000	3165.21		3.31
INPATIENT CROSSOVERS	326	0		340,691.10	.00	.000	1045.06		1.85
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00 150.84		.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	15 , 598	0 0 65,836		.00 2,352,841.55 234.580.67	35.74	.358	150.84		12.81
MEDICAL	3 , 160	5 , 073		234,580.67	46.24	.028	74.23		1.28
SURGERY	1,237	1 , 957		70,995.45	36.28	.011	57.39		.39
PATHOLOGY	4,283	18,608		340,691.10 .00 2,352,841.55 234,580.67 70,995.45 217,391.59 621,207.48 390,152.57 818,513.79	11.68	.101	74.23 57.39 50.76 137.74		1.18
RADIOLOGY	4,510	7,092		621,207.48	87.59	.039	137.74		3.38
ROOM USE	7 , 963	9,966		390 , 152.57	39.15	.054	49.00		
CROSSOVERS/ALL OTH OUTPTNT	7,131	23,140		818,513.79	35.37	.126	114.78		4.46
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	6	158	\$	110,643.13 .00	\$ 700.27	.001	\$ 18440.52	\$.60
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	6	158		.00 110,643.13 16,142,404.43 50,592.80 620,302.77 30,080.61 344,335.89	700.27	.001	18440.52		.60
@NURSING FACILITY	4,491	136,639	\$	16,142,404.43	\$ 118.14	.744	3594.39	\$	
LEV A-INTERMEDIATE	20 136	782		50,592.80	64.70	.004	2529.64		.28
LEV B-REHAB MD	136	4,668		620,302.77	132.88	.025	4561.05		3.38
LEV B-SUBACUTE FREESTANDING	3 24	49		30,080.61	613.89	.000	10026.87		.16
LEV B-SUBACUTE HSPTL BASED	24	718		344,335.89	479.58	.004	14347.33		1.87
LEV B-TRANSITIONAL IP CARE	24 0 4,314 649	0		.00	.00 115.76	.000	.00		.00
LEV B-REGULAR	4,314	130,422		15,097,092.36	115.76	.710	3499.56		82.19
@INTERMEDIATE CARE FACILDD	649	21,399	\$	3,343,886.34	\$ 156.26		\$ 5152.37	\$	
ICF DDH	647	ZI, ZOI		3,320,761.91	156.04	.116	5132.55		18.08
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY YO AND OTHERS	0	0		.00	.00 195.97	.000	.00		.00
ICF DDN/DDCN	2	118		23,124.43	195.97	.001	11562.22		.13
@HEMODIALYSIS TOTAL	357		\$	474 , 598.94	\$ 52.37	.049	1329.41	\$	2.58
HOSPITAL BASED	0	0		0.0	\cap	$\cap \cap \cap$.00		.00
HEMODIALYSIS CENTER	357	9,063		474 , 598.94	52.37 \$ 14.77	.049	1329.41		2.58
@REHABILITATION FACILITY	232		\$	46,398.69	\$ 14.77	.017	199.99	\$	
HOSPITAL BASED	34	116		3,894.52	33.57	.001	114.54		.02
INDEPENDENT FACILITY	198	3,025		42,504.17	14.05	.016	214.67		.23
@LABORATORY FACILITY	9,306		\$	479,287.16	14.05 \$ 11.07	.236		\$	2.61
PATHOLOGY	9,100	42,747		464,972.36	10.88	.233			2.53
NO THE OTHER	2 10	530		14,314.80	27.01	.003	58.43		.08
@ORGANIZED OUTPATIENT CLINIC	26,594	84,440	\$	4,349,582.71	\$ 51.51 19.46	.460	163.56	\$	
CLINIC		36,∠36		1,094,273.02	19.46	.306	135.16		5.96
SURGICENTER	51	63		9,011.68	143.04 11.26	.000	176.70		.05
HEROIN DETOX CLINIC	33	522		5,875.81	11.26	.003	178.05		.03

RURAL HEALTH CLINIC 19,025 27,619 3,240,422.20 117.33 .150 170.32 17.64 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,720 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

THICH OOONTI	BOILING OF BEIN	. 1020 101 101112	01111	11111		Nπ	ONTHLY AVERA	CE
183,693 ELIGIBLES	USERS	UNITS OF SERVIC	c.	EXPENDITURES	AVERAGE COST			COST PER
103,093 ELIGIBLES	CALCO	OR DAYS OF CAR		EVEFUDIIONES	PER UNIT/DAY	PER ELIG		ELIGIBLE
@ALL OTHER PROVIDERS	10,367	524,166	\$	2,809,919.26	\$ 5.36	2.853		
DURABLE MED. EQUIP.	676	2,997	Y	302,027.97	100.78	.016	446.79	1.64
BLOOD BANK	0	2 , 337		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	167	356		33,034.52	92.79	.002	197.81	.18
MEDICAL TRANSPORTATION	1,279	11,256		183,312.37	16.29		143.32	1.00
AMBULANCES/AIR TRANS	1,146	10,226		159,000.08	15.55	.056	138.74	.87
OTHER TRANS	65	749		3,100.79	4.14	.004	47.70	.02
OTHER TRANS OTHER SERVICES	96	281		21,211.50	75.49	.004	220.95	.12
ACUPUNCTURE	209	706		12,171.54	17.24	.002	58.24	.07
ADULT DAY HEALTH CARE CTR	533			•	68.51	.043	1018.23	2.95
GENETIC DISEASE TESTING	493	7 , 922 495		542,714.44		.043	1018.23	.28
				51,759.00	104.56			
IHMC, MODEL-NF, NF, AIDS, MSSP	975	8,973		423,800.10	47.23	.049	434.67	2.31
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,352	4,667		59,216.00	12.69	.025	43.80	.32
PHYSICAL THERAPIST	7	37		502.73	13.59	.000	71.82	.00
PORTABLE X-RAY	110	190		2,270.24	11.95	.001	20.64	.01
PROSTHETIST/ORTHOTISTS	146	511		75 , 401.90	147.56	.003	516.45	.41
PROSTHETICS	144	509		75 , 205.74	147.75	.003	522.26	.41
ORTHOTICS	2	2		196.16	98.08	.000	98.08	.00
PSYCHOLOGIST	25	69		2,557.28	37.06	.000	102.29	.01
SPEECH AND AUDIOLOGY	874	3 , 752		156,795.96	41.79	.020	179.40	.85
HOSPICE SERVICES	142	4,022		449,635.12	111.79	.022	3166.44	2.45
NONINST BIRTHING CENTERS	4	6		1,416.08	236.01	.000	354.02	.01
LOCAL EDUCATION AGENCIES	1,895	32,209		355,159.81	11.03	.175	187.42	1.93
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,177	445,998		158,144.20	.35	2.428	72.64	.86
@CALIF. CHILDREN SERVICES*	954	17,399	\$	4,473,053.30		.095		
@XOVER EXCLUDING STATE HOSP**		81,375	\$	1,454,361.73		.443		•
	•	•		. ,				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

MARIN COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.